

**Reclaiming Support: Shifting Services To Reflect Tenant Meanings of Support
in Supported Housing**

by

Melanie Hope
Bachelor of Arts, University of Guelph, 1996

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

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in

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Abstract

While health authorities have administered licensed residential care facilities for years, in the last two decades, health authorities have increasingly contracted with nonprofit organizations to house persons diagnosed with mental illness in the community in “supported” projects. Services may include medical and/or social supports such as medication, addiction services, case-management and life skills training. While flexible supports customized to meet the needs of service users may sound encouraging, numerous questions remain.

This thesis generates a basis from which to explore how services might shift to better meet the needs of tenants. To do so, I examine meanings of support from a *tenant* perspective and consider the environment in which tenants experience support in supported housing. The analysis involves semi-structured, one-on-one interviews with two female and four male tenants who had been previously homeless, currently living in one supported housing project in a mid-sized city in British Columbia, Canada.

The study draws on love ethic and neoliberal theory in an effort to frame mental health service user understandings and mainstream models of support. The tensions between support services employing principles of love ethic theory and mainstream models raise the question of whether the two models can co-exist, and if so, how and where compromises are made and at whose expense. These tensions are evident in the data and in turn are taken up within the analysis.

Tenant meanings of support include relationships and resources that increase safety, security and independence, understood as the freedom to identify your own goals and maintain control over the support you receive. The findings point to a vital need to ensure tenants are included in decision-making with regard to support practices and policies. Utilizing tenant knowledge would go a long way toward addressing many of the concerns and dilemmas which surface in the research.

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Dedication

This thesis is dedicated to the women and men who have struggled to survive on the streets of our country. Their strength and perseverance inspire and motivate me and have initiated this exploration into meanings of support.

CHAPTER 1: INTRODUCTION

1.1 Introduction

Providing housing with supports for those diagnosed with mental illness is not a new concept in Canada. Health authorities have administered licensed residential care facilities for decades, offering 24-hour supports and treatment to those diagnosed as mentally ill and deemed unable to live independently in the community. In the last two decades, rather than administer housing projects themselves, health authorities have increasingly contracted with nonprofit organizations to house persons diagnosed with mental illness in the community in “supported” projects. British Columbia’s *Best Practices for BC’s Mental Health Reform: Housing* defines supported housing as “a variety of living arrangements (usually self-contained units) for people with a serious and persistent mental illness who are able to live independently with the assistance of a range of support services and the provision of a housing subsidy” (BC Government, Ministry of Health Services, February 2002, p. 89). Other research goes further to outline a “mix of specialized support services able to respond promptly or preventatively to signs of trouble” (Corporation for Supportive Housing, 2000, p. 5). These services, intended to meet an individual’s changing needs, may include medication monitoring, counselling, health care, addiction services, outreach, case-management, vocational or employment services and life skills training (ibid). In British Columbia, coupled with a policy of deinstitutionalization, the trend is part of the government’s ten-year project to “replace [the 1220-bed] Riverview Hospital ... with a decentralized system of tertiary care including community care facilities and support services” (Health Systems Research Unit of Clarke Institute of Psychiatry, 1997, p. 19).

While flexible supports customized to meet the needs of service users may sound encouraging, numerous questions remain. For example, how is support defined? Who decides what services are required, and when, why and how are they provided? What are the goals of support services? Are there actually a variety of living arrangements available for those with changing needs? Do supportive services attend to interests other than those of the tenant? Whose interests are given priority? Clearly, further exploration and analysis is required.

1.2 Background

C. Wright Mills, in his advice to students of sociology, stressed that social science is a craft that cannot be separated from the researcher's everyday life (Mills, 1975). Understanding the development of my research interests requires an understanding of my experiences and what shaped them. Since July of 2000, I have worked in a mid-sized city in British Columbia with low-income people diagnosed mentally ill in four different roles. For two years, I was employed by the BC Ministry of Human Resources as a Financial Assistance Worker, administering a specialized caseload of clients diagnosed with chronic mental illnesses. For one and a half years, on a part time basis, I was employed by a nonprofit organization, working as a relief "residential support worker" in three supported housing projects. From January to August of 2003, I worked two days a week for a second nonprofit organization as a "community support worker" in one supported housing project. Finally, since September 2002, I have been employed as a "housing outreach worker," working with the homeless and those at risk of homelessness, towards securing safe and affordable housing in the community.

From my experience working in supported housing projects, it was apparent there was no single approach to “supporting” tenants. An informal, flexible and varied approach to support was the norm. On a number of occasions, staff and a few tenants would attempt to create a regular event such as group meals, shopping excursions or movie nights. However, these events were often neglected by both staff and tenants until, sometimes, they ended altogether.

Many staff, including myself, also seemed overwhelmed by the need to ensure the safety and relative “peace” of the building. At times, tenants that I believed used illegal substances invited into the building visitors also assumed to use or deal illegal substances. There was a concern amongst staff that this led to increased substance use by other tenants. It was also not unusual for a tenant who had been previously homeless to invite visitors who were currently homeless to stay in his or her apartment. I spent a great deal of time and energy asking or insisting that “unwanted” visitors leave the property.

In addition to the seemingly endless duty of monitoring guests, staff worked to develop trusting relationships with tenants. I felt frustrated with the expectation that I was to develop trusting relationships with tenants whom I also had under surveillance. I felt discouraged that I had less time with tenants who requested my time because I was occupied with the task of monitoring other tenants’ behaviour. I felt disappointed to hear that current tenants no longer participated in the selection of new tenants, housing projects no longer had “no-eviction” policies, annual camping trips had not occurred for a number of years and “women only” activities were now few and far between. I did not doubt that the majority of staff and management cared a great deal about the tenants and

the supported housing model itself, and yet for some reason, a shift appeared to have occurred, away from a time of varied programming and tenant participation in decision-making. Surveillance and the removal of certain visitors was for me, an attempt to achieve an environment where I could support tenants differently. However, after a couple of years it was clear that this approach did not achieve the environment I hoped to attain.

Reflecting on my experiences within supported housing projects left me curious about the history, development and philosophy of supported housing as a model of housing for people diagnosed with mental illness. I sought to understand why supported housing models seemed to be changing and whether these changes were perceived as positive or problematic. A review of research evaluating features of supported housing demonstrates consistent results (McCarthy & Nelson, 1993; Parkinson, Nelson & Horgan, 1999; Theriault, 2001; Tsemberis & Eisenberg, 2000; Tsemberis, Moran, Shinn, Asmussen & Shern, 2003; Walker & Seasons, 2002). Supported housing that involves choice, control, increased financial and social resources and participation in decision-making results in: increased autonomy, stability, independence, community participation, self-esteem, social skills, competence and capacity to take charge of one's health; and decreased homelessness, hospitalization and psychiatric symptoms. Another theme in the literature on supported housing is the difficulty organizations have implementing and maintaining the core values of the model due to a need for dramatic changes in the philosophy and practice of support (Nelson, Lord & Ochocka, 2001; Parkes, 1997; Tsemberis & Eisenberg, 2000). Nelson et al. (2001), for example, note the re-emergence of traditional paradigms in mental health, including an institutional-medical approach to support, in the

mid 1990s. They argue that the shift back to traditional paradigms is linked to a conservative social-political climate during which Assertive Community Treatment (ACT) teams were introduced and cuts to income support, housing and education were implemented (pp. 93-95). In addition, they identify a number of factors inhibiting changes toward progressive housing models including: business oriented values that “put money first;” the lack of an alternative, grassroots opposition; downsizing and amalgamation in the health sector; little or no community consultation; and decreased financial resources for service providers (pp. 89-90, 141).

1.3 Research Statement and Purpose

The review of relevant literature helped make sense of my experience and raises some real concerns for the future. If a supported housing model that involves tenant control, choice, increased material and social resources and participation in decision-making results in increased community participation, social skills and decreased psychiatric symptoms, why does the research indicate we are moving away from this type of model? Is the return to a conservative political paradigm linked to changes in the ways we “support” tenants in supported housing?

This thesis set out to generate a basis from which to explore how services might shift to better meet the needs of tenants. To do so, I sought to examine meanings of support from a *tenant* perspective and consider the environment in which tenants experience support in supported housing. Above all, the findings of this research indicate the need for actively and authentically including tenants in decision-making with regard to supported housing policies and practices. Tenants identify supportive relationships and

resources as critical to enhancing their independence, safety and security. Participation in decision-making is essential to ensuring tenant support in supported housing.

1.4 Thesis Outline

This thesis is organized into six chapters. The next chapter sets out to review literature relevant to the study of tenant meanings of support in supported housing. This includes a historical and contextual look at supported housing; a review of mental health service user, mainstream and alternative models of support; and finally, a theoretical framework for understanding meanings of support. To theoretically frame support systems that value relationships, pay attention to, respect and value the voices of tenants, appreciate the whole person and recognize choice and control as vital, I utilize principles behind Erich Fromm's love ethic. Fromm (1956) stresses the need to love each other through concern for the growth and quality of life of others, attendance to the expressed or unexpressed needs of others, acknowledgement of an individual's uniqueness and an understanding of others as they are, not as we wish to see them.

By contrast, mainstream models of support prioritize medical treatment (e.g. medication) and managing mental health service users by intervening with behaviour (seen as symptoms of disease) assumed to make service users mentally or physically ill. In understanding mainstream models of support for those diagnosed mentally ill, I investigate the historical context of mental health services including the emergence of biomedical and social rehabilitation models as well as the role neoliberal ideology has played in upholding mainstream models of support.

Chapter Three outlines my methodology, research methods, analytical procedures and ethical considerations. Critical and feminist methodology helped facilitate my research

goals as this methodological approach gives voice to individuals and groups impacted by a policy in an effort to change existing structures (Neuman, 1997, pp. 76-77). As a research method I chose to conduct an analysis of one supported housing project by using one-on-one, open ended interviews. Chapter Three also outlines my analytical procedures and my use of interpretive policy analysis (Yanow, 2003). This procedure places great emphasis on “local” knowledge when analysing data and searching for meaning. Finally, I examine important ethical considerations such as obtaining consent from mental health service users and ensuring participants do not feel coerced.

Chapter Four summarizes my research findings and outlines the role of relationships and resources in providing support to tenants. Findings indicate that for tenants, supportive relationships and resources enhance independence and control, safety and security, while unsupportive relationships and resources act as barriers to support and reflect certain characteristics of an institutional-medical approach to support. Finally, notions of individualization and personal responsibility are prevalent in the data. Tenants describe feeling they must look after problems themselves, keep their expectations low and have only themselves to blame. These notions of individualization and personal responsibility act as further barriers to tenants asking for or accepting supports deemed most valuable.

In Chapter Five I engage in a discussion of the significant research findings and relevant literature. The key finding from this research, that tenant participation in decision-making is essential to ensuring the development and maintenance of relationships, independence and safety and security of tenants, is discussed in relation to other meanings of support for tenants. While “independence” is identified by tenants as

important, this chapter examines tenants' contradictory notions of independence: not requiring support as opposed to "exercis[ing] control over whatever help is required in order to achieve chosen goals and objectives," (Fine & Glendinning, 2005, p.610). The role of relationships in ensuring tenants feel free to ask for and accept support deemed valuable is also discussed. Tenants who distrust or feel controlled by staff are unlikely to ask for or accept support. I also discuss the role of rules, policies and intravenous (IV) drug users on tenants' feelings of safety and security. Throughout this chapter, I stress the need for tenant inclusion in decision-making and its potential to play a key role in the resolution of many of the dilemmas outlined above. Finally, I explore what is missing from the data and reflect on future research. While it is important to examine what the data reveals, it is also valuable to look at areas requiring special attention or more detailed examination.

Chapter Six, flowing from the analysis of the data presented in Chapter Five, includes recommendations for supported housing policy and practice as well as final thoughts and conclusions. Exploring tenant meanings of support surfaces important suggestions for change. These proposed changes seek to ensure tenants have a voice beyond this research by stressing the need for tenant inclusion in decision-making.

A study of tenant meanings of support is critical at this time. My professional experience, review of relevant literature and data point to a shift away from supported housing projects driven by a vision of tenant choice, independence and control, safety and security and relationship building – the very supports deemed most valuable to tenants in the literature and in my data. Importantly, the literature points out that supports which increase autonomy, stability, independence, community participation and

self-esteem; decrease homelessness, hospitalization and psychiatric symptoms; and increase the capacity to take charge of one's own health, closely resemble meanings of support as described by mental health services users. This is a clear indication that tenants are aware of the various supports required to increase their independence, safety and quality of life. I believe that supported housing projects have the potential to play a key role in the health, healing, community integration and collective empowerment of mental health services users. It is therefore vital to ensure tenants' varied meanings of "support" and their perspectives of the supports they receive in supported housing are recognized and utilized when shaping such services.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter I review relevant empirical and theoretical literature on supported housing for service users of the mental health system. The literature review summarizes materials relevant to an exploration of the “support” in supported housing as well as exposes gaps and inconsistencies within current research. In doing so, this chapter will focus on the range of understandings of “support” and a historical and contextual review of support and housing options, government legislation and best practices.

First, supported housing will be placed into a broad, historical context by reviewing treatment options for people diagnosed as mentally ill in recent Canadian history. Current legislation, policy and best practices within government and non-governmental organizations will be outlined to examine the environment in which supported housing projects take place. Mainstream approaches to support for individuals diagnosed as mentally ill, the biomedical and social rehabilitation models, will also be reviewed. Second, and as a basis for framing the literature, it is necessary to outline various meanings of “support.” Beginning with the voices of service users of the mental health system, this chapter will then take up mainstream and alternative perspectives of what is “supportive” for people diagnosed as mentally ill. Finally, I review literature on love ethic theory, neoliberalism and advanced liberalism in an effort to investigate different understandings of support: service user defined supports and mainstream support models.

2.2 Historical & Contextual Look at Supported Housing

Historical and Contextual Overview of Mental Health Services in Canada

The history of Canadian mental health services is comparable to that in both the United States and Europe (Standing Senate Committee On Social Affairs, Science and Technology [SSCSAST], 2004). Prior to the 1900s, individuals assumed to be mentally ill were cared for either by family members or churches, or were incarcerated in prisons or small institutions (p. 136). The twentieth century witnessed the beginning of large institutions or “lunatic asylums” in Canada where individuals often spent their lives isolated and subject to inhumane “treatments” including lobotomies and hydrotherapy (p. 137). By the 1950s, as institutional psychiatry began to be discredited, the population of mental institutions was reaching its peak. In the 1960s, with the advent of various new psychiatric medications, the recognition of the harmful impact of long-term institutionalization and the beginning of the anti-psychiatry movement, patients began to be discharged into the community (Horwitz, 2002; SSCSAST, 2004).

When deinstitutionalization began in Canada, the primary strategy for meeting the needs of those diagnosed mentally ill was “custodial housing” (Nelson, Hall & Forchuk, 2003; Parkinson et al., 1999). Custodial homes, often contracted to private landlords for profit, involved daily “care” rather than rehabilitation and allowed little or no service user voice in day-to-day or long-term decision-making (Knowles, 2000; Nelson et al., 2003; Parkinson et al., 1999). To a large extent, custodial homes replicated institutional programs, only on a smaller scale (Ogilvie, 1997, p. 123).

The “supportive” housing approach began in Canada in the 1970s as a reaction by anti-psychiatry movements and community organizations to institutional and custodial

housing models (SSCSAST, 2004, Report 1, p. 142; Theriault, 2001, p. 2). The supportive housing model sought to provide supports and rehabilitation in the community; however it also denied choice to mental health service users, concentrated service users into specialized buildings and forced tenants to move once they “improved” (Nelson et al., 2003, p. 6).

Beginning in the 1990s, housing models in the community for mental health service users began shifting toward a “supported” housing approach. This model incorporates a “person-centred focus of support, emphasizing self-help and natural supports and de-emphasizing professional services” (Parkinson et al., 1999, p. 149). Permanent housing, empowerment, service user control, community integration, choice, strengths, flexible supports as determined by the service user and shared decision-making became valued approaches to housing and rehabilitation (pp. 150-151). While both “supportive” and “supported” housing provide private apartments to mental health service users, “supported” housing is considered permanent rather than transitional and the support model involves prioritizing tenant choice, control and decision-making.

Policy, Legislation and Best Practices in Canada

In Canada, mental health services are the responsibility of provincial/territorial governments with the exception of health care for “Status Indians and Inuit; the military; veterans; civil aviation personnel; the RCMP; inmates in federal penitentiaries; arriving immigrants; and federal public servants” (SSCSAST, 2004, Report 1, p. 147). Each province is guided by a mental health act and typically, mental health services are provided by regional health authorities (pp. 152, 166). Mental health acts set out rules and regulations regarding the administration, admissions, detention (both voluntary and

involuntary), care and treatment of mental health service users, as well as appeal legislation (BC Government, 1999). While Acts must comply with the *Canadian Charter of Rights and Freedoms*, a violation of an individual's rights may be deemed justifiable in the interest of the protection of society or the individuals themselves (SSCSAST, 2004, Report 1, p. 167).

It is legislation regarding involuntary admission and treatment that has the greatest potential impact on mental health service users. In British Columbia, Section 22 of the *Mental Health Act* states that “[t]he director of a designated facility may admit a person to the designated facility and detain the person for up to 48 hours for examination and treatment on receiving one medical certificate respecting the person completed by a physician” (BC Government, 1999). To be admitted involuntarily, Section 22 of the *Mental Health Act* states the patient must have need of “care, supervision and control in or through a designated facility to prevent the person's or patient's substantial mental or physical deterioration or for the protection of the person or patient or the protection of others” (ibid.). Finally, Section 37 of the *Mental Health Act* allows for compulsory treatment in the community or “extended leave.” The Act proclaims: “the director may release the patient on leave from the designated facility providing appropriate support exists in the community to meet the conditions of the leave” (ibid.). British Columbia is one of four provinces in Canada that require supports in place before patients are released from hospital. Clearly legislation allowing for involuntary admission and treatment has the potential to have a powerful impact on the relationships between service users and mental health professionals.

Support models such as Assertive Community Treatment (ACT) teams and legislative authorities, such as the *Mental Health Act*, give psychiatrists and other mental health professionals authority over service users. An “evidence-based practice,” defined as “clinical decision making based on a systematic review of the scientific evidence of the risks, benefits and costs of alternative forms of diagnosis or treatment,” (Ministry of Health, 2001, p. 49) the ACT model involves a multidisciplinary mental health team that blends team members’ views and perspectives in ways that produce a collective understanding of the client’s need (Alfred, Burns & Phillips, 2005). The ACT model has been considered successful due to its use of “management technologies” which blend team member perspectives to create meaning, “in conjunction with traditional ‘command and control’ technologies such as role defining, planning and standardization of rules and decision-making procedures” (Alfred et al., 2005, p. 212). Mainstream models such as ACT give less weight to the voices and support preferences of mental health service users. Nelson et al. (2001) note a shift back to such traditional support practices in Ontario.

The participation of stakeholders in public policy and planning has diminished, while elite (the Health Restructuring Commission) and established groups (psychiatric institutions) have re-appropriated control over policy and planning. ... There has also been a focus on professionally staffed rehabilitation services in the community (i.e., ACT teams). Finally, we found little to no evidence on social justice and the need for disadvantaged people to access valued resources in current policy and planning. The provincial and regional movement back to the traditional paradigm coincides with a conservative social-political climate (Nelson et al., 2001, p. 93).

These developments have resulted in a provincial shift toward increasing funding to privately owned boarding and rooming houses while decreasing funding for nonprofit housing (Nelson et al., p. 94). The trend toward a traditional, medical model in a

conservative climate may have serious consequences for the future of supported housing models that reflect the needs and wishes of those they aim to serve.

The Biomedical and Social Rehabilitation Model

To understand the current mental health system, it is important to explore the emergence of the biomedical model of treatment for people diagnosed mentally ill. The rise of a biomedical approach to thinking about certain behaviours came about because the approach resolved problems that existed in the late nineteenth and early twentieth centuries and better justified certain social practices (Horwitz, 2002, pp. 56-57). Dynamic psychiatry, influenced by thinkers such as Sigmund Freud, “changed mental illness from a restricted concept, limited to a small number of categories, to an expansive range of conditions” (p. 38). By the mid-1960s dynamic psychiatry was losing esteem due to its inability to treat the vast numbers released from asylums into the community, the anti-psychiatry movement and dynamic psychiatry’s seemingly vague and unclear ailments and treatments. As a result, a new treatment practice emerged that sought to align itself with science and the medical profession with its specialized system of knowledge, measurable experiments, statistical data and categories of biochemical disorders with specific symptoms and remedies. (pp. 58-59, 64-66). While the first two editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) were based on dynamic psychiatry, editions III, III-R and IV were completely different, focusing entirely on creating fixed categories of illnesses. With a new emphasis on appearing scientific, it was necessary to create numerous categories of observable symptoms that could consistently point to specific disorders (Horwitz, 2002, pp. 69, 72-74). Personal

problems became classified as symptoms and diseases with little consideration of social or personal cause.

The interests of insurance and pharmaceutical companies and the changing political landscape in North America also played a role in the emergence of a dominant biomedical model in psychiatry (Horwitz, 2002, pp. 74-79). In the 1970s, insurance companies increasingly reimbursed clinicians. This new system required “discrete categories representing particular conditions ... [as well as] ... precise diagnoses ... [and] ... accountability for the outcomes of treatment” (p. 75). Drug companies also had an interest in the emergence of a biomedical model. As psychiatry increasingly sought biomedical “cures” for newly classified diseases, the use of pharmaceutical drugs became the standard form of treatment and drug companies prospered from the dramatic shift toward pharmaceutical therapies.

The process of removing large numbers of former patients from mental institutions began as institutions were no longer viewed by the public as beneficial, drug remedies gained favour and the cost savings factor of treating patients in the “community” became recognized by governments (SSCSAST, 2004, pp. 138-139). However, a lack of access to community resources including housing, finances and support services resulted in poor care, poverty, unwelcoming communities, isolation and homelessness (Nelson et al., 2001, pp. 12-13; SSCSAST, 2004, p. 141). Recognizing the failures of both institutional life as well as deinstitutionalization, the “social rehabilitation” model gained prominence in the 1970s and 1980s and continues today (Nelson et al., 2001, p. 14; SSCSAST, 2004, pp. 141-143). “Social rehabilitation” involves treatment in the community and can include ACT, employment programs, transitional supportive housing, clubhouses, mental

health case management, teaching life-skills, reducing symptoms through medication and decreasing the need for hospitalization (Nelson et al., 2001, pp. 13-16). While research shows service users prefer social rehabilitation to the institutional model, many similarities exist, as the system remains biomedical at its core. Research has not shown “evidence that participation in such programs leads to improvements in clinical status, work and social functioning, housing quality, social support and independence” (Nelson et al., 2001, p. 15). The social rehabilitation model still hands over control to experts, separates service users from the rest of the population, focuses on deficits, involves surveillance to regulate service users’ actions and defines certain behaviours as deviant (pp. 15-16). As will be discussed later on in greater detail, community mental health services have been described as creating new spaces for managing and controlling service users.

A historical review of the treatment of those deemed mentally ill proves useful in understanding mainstream models of support. Links between the historical treatment of those diagnosed with mental illness and the current system, prioritizing control over particular behaviours, categorized illnesses, symptoms and treatments, mandatory medications to reduce symptoms and expert knowledge, are apparent. While links may exist, it is important to note that the historical treatment of people diagnosed mentally ill does not entirely *determine* the current system of supports utilized by the mainstream mental health system. As will be expanded on later in this thesis, the mainstream system of support also includes space for other types of support approaches including those outlined by mental health service users.

2.3 Exploring Understandings of Support: Service User, Mainstream & Alternative Approaches

The Service User's Perspective

A review of relevant empirical literature on supported housing for service users of the mental health system requires beginning with the voices of service users themselves. Doing so lays a foundation from which to compare and discuss all other literature. As “supportive services” assert an intention to support service users, it seems only logical to begin by reviewing what service users themselves deem supportive. The literature falls into two main categories: literature written by service users outlining their support desires and needs; and studies of service user support preferences with regards to supported housing.

A review of service user views on what has been supportive and unsupportive during times of mental distress exposes many common threads. While hospitalized, mental health service users describe feelings of helplessness knowing that expressing their needs, fears or wishes could be misinterpreted or completely ignored. For some, formal and informal supports require “absolute obedience [which is] too steep a price for that assistance” (Bassman, 2001, p. 16). Service users emphasize the importance of relationships in recovery. Kindness, warmth, respect, trust, being believed, collaboration in decision making, offering hope and seeing the whole person are all presented as essential to supporting a person in mental distress (pp. 17, 22-23, 31, 33).

Writing from “A Consumer Perspective,” mental health service users describe various components to achieving “quality of life” (Carne, 1998). One mental health service user underscores the need for a good case manager (p. 23). Although he does not describe what a “good” case manager entails, he outlines other key factors to achieving quality of

life including: safe housing, enough food, the recognition of an individual's strengths, having choices, control over one's life rather than having values forced upon you, links to others with a shared experience, being treated "with an unconditional positive regard in spite of what one's behaviour is or has been" (p. 26) and thinking of service users as people who may benefit from support rather than problem people who need to be managed (pp. 23-27). One can assume a "good" case manager supports service users by facilitating these goals.

Other service users stress the importance of non-judgemental relationships with family and professionals (Jamison, 1996; Sartori, 1997; Snow, 1999). Some, identifying their symptoms as spiritual experiences, felt ignored and misunderstood by mental health "experts" (Snow, 1999). They emphasize the importance of working from the perspective of the person in mental distress, rather than making assumptions or imposing a view of reality. Others highlight the importance of connecting with other service users as well as groups, being listened to, validated and having a safe place to go where one will be understood and not punished through confinement or drugs (Sartori, 1997, pp. 124, 136).

Three important themes emerge in a review of studies investigating service user preferences of "support" in supported housing. First, service users overwhelmingly prefer independent living arrangements and greater resident control, but are not opposed to support services (Nelson, Hall and Walsh-Bowers, 1998; Tanzman, 1993). Service users do not want support workers to live on-site, but rather prefer supports available as and when requested. Resident control over decision-making (rather than staff management of tenant behaviour) is deemed directly related to independent functioning

(Nelson et al., 1998). Studies indicate the importance of tenant control over finances and rule making to independent functioning. What appears most supportive to residents are flexible supports that do not attempt to “manage” or “control” service users (Nelson et al., 1997).

Second, mental health service users prefer housing complexes that are physically comfortable, of decent quality, involve private apartments, peer supports and a small staff, if any (Nelson et al., 1998, pp. 66-67). Community and privacy is particularly important to service users. Important features in the design of a supported housing project, as outlined by residents, include: a mix of private and public spaces, feeling safe, choice and flexible spaces that can be transformed from public to private. These preferences with regard to design lend insight into what is deemed “supportive” by mental health service users.

Finally, service users highlight the importance of assistance obtaining material supports when requested. Material supports include housing, food, finances, phones and transportation money (Tanzman, 1993, p. 453). Beth Tanzman (1993) argues that “[c]onsumers’ success in the housing arrangement of their choice may be as much an economic issue as a clinical issue” (ibid.).

In summary, “support” for mental health service users can include financial resources, relationships and supportive environments. Reviewing the literature, supportive relationships and environments for mental health service users are: non-judgmental, involve service user choice, recognize the individual’s strengths, help people to feel safe, recognize the service user as a person rather than an illness and involve service user control over decision making and finances.

Mainstream Models of Support

A review of mainstream models in community mental health reveals a medicalized approach to support. Supports to independent living appear to prioritize ensuring compliance with medications and decision-making that does not involve the consumer. Supportive environments such as housing projects prioritize ensuring medication compliance and providing substance-abuse treatment. In contrast with service users' definitions of support, literature on mainstream support approaches make no mention of the value of trusting relationships or material resources.

Much of the recent literature on support services for people diagnosed with mental illness enthusiastically promotes the "effective intervention" known as the assertive community treatment (ACT) model (Alfred et al., 2005; McGrew, Pescosolido & Wright, 2003; Russell, 2000, p. 43). ACT was a response to the notion that community mental health was failing (Barnes & Bowl, 2001, p. 13). Reacting to this failure, a more comprehensive management framework was created. The ACT approach "involves regular, intensive contact with people experiencing psychological distress who ... can find themselves on the receiving end of intervention concerned not only with compliance to medication, but also with where they live and how they spend their time" (ibid.).

A study of case managers' perspectives of the crucial ingredients of ACT teams, found a medicalized approach to support.

The three items ranked as being of highest importance dealt with medical aspects of assertive community treatment: the importance of having a nurse on the team and of team involvement in hospital decisions to admit and discharge patients. Moreover, the teams rated medication management as the single most beneficial clinical ingredient. Experts and other observers also have noted the critical importance of the medical features of the assertive community treatment model (McGrew et al., 2003, p. 374).

It is important to note that the ACT model of support services for people diagnosed mentally ill has, as its goal, reducing hospitalization and improving “functioning” (p. 370). While “improved functioning” is not explicitly defined, the researchers also asked case managers to rank and order the “perceived benefits” of ACT teams. Ranked highest were the perceived benefits of ACT teams managing medications, conducting ongoing assessments and making regular home visits. Social benefits such as housing, informal and familial support networks and recreational activities ranked seventh, tenth, twelfth and fifteenth respectively, out of a total of sixteen expressed benefits (ibid.).

Medical approaches to support are also found in research on housing support practices. One study of the capacity of consumers to care for themselves found that “persons with chronic mental illnesses living in the community lack the capacity to determine the appropriate level of medical care required” (Getty, Perese & Knab, 1997, p. 65). Another study found that residents who were medication-compliant and free from alcohol and illegal drug use caused the fewest “problems” (Grunebaum, Aquila, Portera, Leon & Weiden, 1999). Based on these findings, some researchers recommend that housing agencies employ professionals to support tenants’ health needs, as well as “medication-compliance and substance abuse treatment [as] priorities in supported housing” (Getty et al., 1997, p. 67; Grunebaum et al., 1999, p. 132). Medical approaches to support exist in British Columbia where most mental health housing excludes active drug users (Morrow, 2006). Marina Morrow’s study of community mental health services found that:

mental health teams generally do not work with people with drug-induced psychosis. Restrictive mandates and criteria (medication compliance) means that people often fall through the gaps in the system, with the result

that difficult clients are shunted away from the mental health care system (Morrow, 2006, p. 27).

Community mental health services, including many supported housing projects, clearly prioritize compliance with medication, substance-abuse treatment and decision-making that does not involve the mental health service user.

Alternative Models of Support

An “Empowerment-Community Integration Paradigm” for community mental health is one example of an alternative model of support for mental health service users (Nelson et al., 2001). This approach differs from “Institutional” and “Community Treatment-Rehabilitation” approaches that focus on deficits and illness, provide professional supports, and have little or no space for the needs and wishes of service users (pp. 20-28). The “Empowerment-Community Integration Paradigm” by contrast, reflects a commitment to three core values: stakeholder participation and empowerment, community support and integration, and social justice and access to valued resources (pp. 21-28). A dedication to “stakeholder participation and empowerment” values increased control and a central role for the voices of consumers (pp. 21-23). Tenants in supported housing become active decision-makers, are integrated into the community at large, maintain control over what support means and work with support staff who assist through coordination and collaboration. “Community support and integration” refers to the goal of insuring service users are understood by society as valued members of the community at large and as diverse, whole and complex individuals, as opposed to a homogeneous view of people with diseases resulting in symptoms that require management (pp. 25-27). In a mental health system utilizing an Empowerment-Community Integrative Paradigm,

service users are more autonomous, independent, utilizing informal supports and partnerships. Finally, “social justice and access to valued resources” refers to the need for an equitable allocation of resources including work, education, housing, health care and income so that mental health service users can fully participate in opportunities society has to offer (pp. 27-28). Where resources are not allocated fairly, service users and their support system work for change.

The “Windhorse Center” is an American example of another alternative approach to support for people diagnosed mentally ill. Their website states that “[a]t every level of Windhorse care the intent is to take into account all aspects of the client’s situation, working toward integration and balance” (Windhorse Associates, 2005). “Basic Attendance,” the centre’s fundamental support skill, is seen as key to all forms of therapeutic treatment (Podvoll, 1990, p. 247). Basic Attendance involves ten core skills: being present, letting the patient “in,” bringing home (being with the patient in daily activities), letting the patient be (rather than focusing on success or failure), bringing along (letting the patient into the support worker’s life), recognizing (seeing the entire history), finding energy, leaning in (addressing issues of inertia or lack of information), discovering friendship (between the care giver and the patient) and learning from the patient (pp. 267-279). In its essence, the goals of the Windhorse Center are to develop relationships that help the support team walk with the patient toward recovery.

An alternative model to support that incorporates aspects of mental health service user *and* mainstream models of support is the Canadian Mental Health Association’s *Framework for Support: Third Edition* (Trainor, Pomeroy & Pape, 2004). The framework focuses on three core themes: “community,” involving shifting the resource

base to involve service users and families as well as professionals; “knowledge,” including evidence-based practice as well as a wider range of understandings of mental health; and “personal resources,” which moves the focus from illness and symptoms to a focus on skills and strengths (pp. 3-10). The Oasis Spa, located at the Centre for Addiction and Mental Health in Toronto, Ontario, is an example of a support service that draws from this framework (Rubin, 1999). The Oasis Spa rethinks supportive services by advancing a “biopsychosocial” (biological, social, emotional and spiritual) approach (p. 13). Services including aromatherapy, yoga, counselling, Reiki and massage are provided to ensure flexible, comprehensive, client-involved, hopeful and strength-focused services (pp. 13, 15-16).

These alternative approaches to support reveal some similarities to service user perspectives of support. Alternative models, while not necessarily rejecting all aspects of the mainstream medical approach to support, appear to take seriously service users’ need for choice and control as well as non-judgmental, strengths-focused, safe and holistic supports in both relationships and environments.

This literature review of various perceptions of support and current legislation reflects diverse standpoints, interests and goals and includes a range of themes. The literature reveals crucial features of supported housing including tenant choice and control, increased financial and social resources, acceptance and participation in decision-making (McCarthy & Nelson, 1993; Parkinson et al., 1999; Theriault, 2001; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2003; Walker & Seasons, 2002). Shifts back to a conservative social-political climate have been noted by various authors (Nelson, 2001; Parkes, 1997; Tsemberis & Eisenberg, 2000), helping to explain some of the difficulties

nonprofit organizations have in maintaining their core values. Alternative models of support, such as The Oasis Spa, are examples of support practices which incorporate mainstream and service user support preferences. Reflecting on the literature presented, it is important to outline a framework that provides a lens through which to explore and better understand differing definitions of support: mainstream and service user defined supports. Values articulated in theories of a love ethic are reflected in service user perspectives of support while aspects of neoliberalism and advanced liberalism seem present in biomedical and social rehabilitation mainstream systems of support.

2.4 Behind Meanings of Support: A Theoretical Framework

Love Ethic: Understanding Mental Health Service Users' Meaning of Support

My work with mental health services users and people who have been chronically homeless, has brought about ongoing curiosity on the subject of love. I know love as a force that carries me to places within myself and within others that energize, provide depth and enhance passion. I've wondered how to talk about love in the context of my work and I've wondered why others rarely do.

There is no question love is a critical component to my work. When I speak with people in distress, love creates a bond that moves us toward a mutual understanding of how I might help. It involves seeing each other as we are, acknowledging our strengths, being open to learning and withholding judgement. I have come to believe that understanding love is integral to understanding support. In my work, I see a lack of love as directly linked to many issues exacerbating mental distress including addiction, depression and loneliness. As bell hooks writes, "I write about love to bear witness both

to the danger in this movement [of turning away from love], and to call for a return to love. ... When we love we can let our hearts speak” (hooks, 2000, p. xi).

My review of mental health service user voices and studies of service user preferences outlined in Section 2.3 reveals various features of support that best meet the needs of service recipients. These include relationships that appreciate the whole person, are understanding, non-judgmental and warm, and allow room for shared decision-making and expressing fears and needs. Supportive environments are safe, have both public and private spaces, and involve choice and control over one’s life. Finally, service users identify material supports as essential to well-being and autonomy. Support systems that value relationships, respect the voices of service users, appreciate the whole person and recognize service user choice and control as vital, reflect certain principles behind theories of a love ethic. The following exploration presents key elements of love ethic theory including an investigation of love as action; love, mutuality and interdependence; love and caring; and finally, love ethic in action.

Love as Action

Critical to love ethic theory is the notion that love is *active*.

Love is an active power in man [sic]; a power which breaks through the walls which separate man from his fellow men, which unites him with others; love makes him overcome the sense of isolation and separateness, yet it permits him to be himself, to retain his integrity (Fromm, 1959, pp. 20-21).

Fromm (1959) argues that learning to love others is a skill that must be practiced through four essential qualities: care, responsibility, respect and knowledge. Care means concern for the growth and quality of life of those we love (p. 26). Care and concern require labour, and love and labour are closely linked (p. 27). Responsibility involves

responding to the expressed or unexpressed needs of others. As opposed to the common meaning in Western culture implying an imposed duty, “responsibility” must involve attending to the needs of others. The third component of love, respect, keeps responsibility from “deteriorat[ing] into domination and possessiveness” (p. 28). Respect means seeing a person’s uniqueness. It implies concern that the other grows unexploited, in her or his own way. Finally, knowledge, motivated by concern, is central to respect, caring and responsibility (p. 29). Knowledge means working to understand others as they are, not as we wish to see them. Coming to know another binds people together deeply, from their inner core rather than from the periphery (pp. 29, 31). There is an important difference between knowing someone on their own terms versus attempting to “know,” driven by our own desires and ego. Attempts to unlock the secrets of another for our own use are attempts to control, dominate or take apart another person in order to “know” another (p. 30). Knowledge of others cannot be attained this way.

Forgiveness and love of one’s enemies is also central to love in action. To forgive is to come together through friendship and understanding and to no longer define enemies by their actions (King Jr., 1963, p. 35). In learning to love, one must develop a “tough mind” and a “tender heart.” A tough mind is “sharp and penetrating, breaking through legends and myths and sifting the true from the false” (p. 2). Those lacking a tender heart never truly love, experience friendship, lack compassion and cannot see others for who they are (p. 5).

In his *Strength to Love*, Martin Luther King Jr. (1963) outlines three forms of altruism that he believes are essential to loving: universal, dangerous and excessive (pp. 17-22). The first involves universal concern for others, not seeing people as commodities, but

rather seeing their humanness. Dangerous altruism requires resisting one's fear of lost prestige or security in an effort to help another. Finally, excessive altruism involves going beyond the call of duty. The act of loving is a key antidote to fears that cripple (p. 108). For King Jr., our hatred and insecurities are rooted in fear; understanding and seeking justice can heal our fears (pp. 112-114). Love in action is "the highest good," the "greatest of all virtues" and "the most durable power" (pp. 133-4).

Loving action involves "openly and honestly express[ing] care, affection, responsibility, respect, commitment and trust" (hooks, 2000, p.14). It involves communication, a willingness to merge thought with action and letting go of the fixation on power, safety and obedience (pp. 77, 87, 93). Love breaks down our fear of difference and connects us as we "find ourselves in the other" (p. 93). While North American culture is constantly in pursuit of love, we have little understanding of its meaning and assume loving is instinctual (p. xxviii). It is therefore important to acknowledge how little we know about love, both in theory and in practice, and to clearly define and live by a love ethic.

Love, Mutuality and Interdependence

Mutual giving and recognition of our interdependency are essential aspects to active loving. Love is a service and a participatory, mutual action (hooks, 2000, pp. 165, 216). Mutuality involves listening, giving others' interests equal priority, sharing resources and giving attention. Love as a participatory, mutual action results in deeper bonds, an open heart, healing and freedom from isolation (pp. 162-4). To heal, one must recognize our interdependency and longing for communion.

Loving another does not mean that the object of love is powerless and the other powerful as *either role is subject to change* (Fromm, 1956, p. 48). “Brotherly [sic] love,” the most fundamental kind of love, implies love of all human beings, lacks notions of social hierarchy and looks beyond the surface where all we see are differences (p. 47). This notion of love forces us to acknowledge the ever-changing roles we play within our web of relationships, recognizing shifting periods of dependency, independence and interdependence.

It is essential to remember that dependency is inevitable in the lives of all individuals, whether during childhood, old age or times of illness (Kittay, 1999). From this perspective, one can see dependent relations based on “connection-based” reciprocity.

[I]nterdependence can be seen as the result of reciprocity between partners, exchanges between two dependent actors over time, and the networking of these relations of dependence. In other words, to recognize ‘interdependence’ is not to deny but to acknowledge relations of dependence. ... Rather than there being an expectation of direct and immediate reciprocation between care-giver and care recipient, the exchange may take the form of a delayed reciprocity or transferred responsibility, with an expectation that the ‘chain of obligations linking the members of a community’ will lead, if the need arises, to others who are in a position to respond (Fine & Glendinning, 2005, p. 612).

While periods of dependency are inevitable throughout our lives, advanced liberal democracies deny the reality of dependency by promoting artificial ideals such as independence and self-sufficiency.

Love and Caring

Literature on “caring” helps to clarify the role of love in supporting others. As noted above, caring can be understood as concern for the growth and quality of life of another through labour, and one of four essential qualities of active love. Love can be understood

as a crucial component to caring. Watson (1988) outlines eleven assumptions associated with care values in nursing, two of which state:

1. Care and love are the most universal, the most tremendous, and the most mysterious of cosmic forces; they comprise the primal and universal psychic energy.
2. Often these needs are overlooked; or we know people need each other in loving and caring ways, but often we do not behave well toward each other. If our humanness is to survive, however, we need to become more caring and loving to nourish our humanity and evolve as a civilization and live together (pp. 32-33).

“Care” can refer *both* to an activity and to a feeling (Folbre & Nelson, 2000). While ideally the person being cared for feels loved, the activity itself does not necessarily produce loving feelings. In fact, Nancy Folbre and Julie A. Nelson note “a sharp division of views about whether markets, caring feelings, and caring activities are at odds with each other” (p. 129). Erich Fromm (1956) also speaks to the tension between loving action and Western culture. He states that love requires “overcom[ing] dependency, narcissistic omnipotence [and] the wish to exploit others,” qualities that are extremely rare in Western culture focusing on love as an object commodity to buy and exchange rather than a function, action, practice or attitude (pp. 3, 22, 26, 46). Finally, Jean Watson (2005) addresses the question of whether “biomedical-principle-based approach[es] to ethical decision making [and] relational-caring-feminist-based ethics” can co-exist (p. 304). She not only believes they can, but sees both as necessary. To co-exist, Watson argues caring science must “locate itself within ... love, as the primordial source for sustaining our humanity and as the source for all human evolution,” in an effort to develop a sense of universal belonging (ibid.). She sees the future of conventional, clinical and medicalized systems as dependent on coming to this deeper source of belonging. Literature on “caring” helps to tease out existing tensions that are

essential to better understanding the role of loving action in mainstream support models. These tensions will be further explored following an investigation of the role neoliberalism and advanced liberalism play in upholding mainstream models of support.

Love Ethic in Action

One can see elements of love ethic theory in two approaches to supporting those diagnosed with mental illness: Podvoll's Windhorse Center and Vanier's L'Arche communities. As previously noted, the Windhorse Center utilizes a technique known as Basic Attendance which requires a support worker to employ ten core skills including being present, seeing the patient's entire history, discovering friendship and letting the patient be (Podvoll, 1990). These skills are honed to ensure a relationship can develop where the patient leads the way and the support person acts as a collaborator. In addition to relationships, Windhorse Center focuses on a patient's environment. This includes living space, housemates, friends and family. An ideal atmosphere is warm and unpretentious, focusing on friendships and caring (Podvoll, 2003, p. 253). Core characteristics of active loving can be seen in this vision of supportive relationships and environments. The team of support workers seek to build a deep connection by having genuine care and concern, attempting to understand and respond to the needs of patients, seeing the whole person and their uniqueness, allowing them to grow in their own way and striving to understand the person as they are, not as they have been labelled.

A second example of a service that employs aspects of a love ethic is L'Arche communities for people diagnosed with intellectual disabilities, founded by Jean Vanier. Vanier (1998) outlines seven aspects of love necessary for transformation, both personal and collective (pp. 22-34). First, "To Reveal" is to take notice of the value and

uniqueness of others by offering them open, kind and non-judgemental attention. Second, “To Understand” is trying to understand what is behind the actions of another. Third, “To Communicate” means coming to understand yourself through dialogue and looking to the body, intuition and experience for guidance. Fourth, it is important to ensure others realize they are a source of joy “To Celebrate.” Fifth, “To Empower” means to assist others in developing and achieving increased control, choices and decision-making. Sixth, building trust, lowering barriers and giving and opening yourself to receiving others is “To Be In Communion.” “To Forgive,” knowing that others are not perfect, is Vanier’s final aspect of love. Forgiveness involves mutual trust as without trust, authority becomes oppressive and destructive. In L’Arche communities, the “teacher” and “student” are constantly changing places.

Loving relationships can play a role in fostering social change and negotiating power relations. In one L’Arche community, women’s experience of “supporting” and being “supported” reveal four shifts that occur during care giving (Cushing & Lewis, 2002). First, support staff learn to see the strengths and agency of the tenants in need of support. Second, support staff and tenants come to recognize their differences in power, ability and marginalization and work to create change. Third, solidarity and community are developed in working for social change. L’Arche provides “[a] social context that philosophically and materially supports these relationships and places high value on them ... [to] ... provide that vital sense of *communitas*” (p. 189). Finally, through trust and open relationships, systemically granted power is negotiated (ibid.). L’Arche communities are not only spaces for support, they are communities where relationships foster social change and negotiated power relations.

Vanier's support strategies and Podvoll's Basic Attendance are examples of healing through relationships that involve respect, openness, dialogue, trust and commitment. They are about shedding preconceptions, personal ego and expert status to listen and accept alternative ways of thinking and being. Rather than focusing on deficits, Vanier and Podvoll's support strategies are developments of a love ethic that are about recognizing the student and teacher in us all. Theories of love and caring help inform a deeper understanding of support. Writings on interdependence and mutuality help illuminate the various roles we play as we support and receive support from others. Love in action works in communion and interdependency through honesty, trust, responsibility, compassion, knowledge, respect, commitment and altruism; furthering individual and community healing.

Neoliberalism & Advanced Liberalism: Mainstream Support Models

Mainstream views prioritize supports through various forms of medical treatment (e.g. medication). They also seek to manage service users by intervening with behaviours assumed to be interfering in a patient's health (such as illegal drug use). This approach contrasts sharply with service users' emphasis on supportive relationships, environments and material needs. While mainstream approaches stress the importance of collaborative decision-making within an Assertive Community Treatment team, this does not appear to involve the service user. As well, mainstream models seek to reduce hospitalization and increase "functioning," often by use of pharmaceutical drugs, exposing interests quite different than those of service users. The following section sets out to explore a theoretical framing for mainstream models of support. This will include investigating the

role neoliberalism and advanced liberalism play in upholding mainstream models of support.

Neoliberalism & Advanced Liberalism

There is a general consensus in the literature that neoliberal ideology evolved alongside economic globalization, right-wing governments of Reagan and Thatcher and an apparent period of economic crisis in Canada as well as the United States, United Kingdom and Australia in the 1980s and 1990s (Albo, 2002; Brodie, 1999; Hartman, 2005; MacGregor, 1999; Rice & Prince, 2001; Rose, 1999). Social programs became increasingly framed as having created a system of dependency on government, straining resources and playing a key role in governments' financial deficits. In reaction, neoliberal governments cut or brought an end to funding for many social programs believed to be better served by families, the private market or the community (Rice & Prince, 2001, pp. 111-112). While there is "unevenness in the universalization of the neoliberal project," it is possible to identify a number of key values (Albo, 2002, p. 46). These include a focus on economic growth, supporting the private sector, decreasing taxes, reducing government controls on the economy, diminished involvement in social programs by privatizing and decentralizing services, and a focus on individual entrepreneurialship and personal responsibility (Albo, 2002; Brodie, 1999; MacGregor, 1999; Rose, 1999).

Nikolas Rose (1999) enhances the notion of neoliberal thought with his proposal of an "advanced liberalism" in which "[a]ll aspects of *social* behaviour are now reconceptualized along economic lines ... [and] ... [c]hoice is to be seen as dependent upon a relative assessment of costs and benefits of investment in the light of

environmental contingencies” (pp. 141-142). Government must seek to “empower” individuals to become responsible for their own health, financial independence, education, housing, etc. Community psychiatry, a “perpetually failing agency” that continues to coercively “conduct the conduct of others,” though in new ways, includes a variety of networks that administer services to manage risk, exclude and scrutinize (Rose, 1996, p. 3). Although psychiatry has taken on administrative roles since the nineteenth century including its function in the asylum, managing degeneracy and promoting “mental hygiene,” community psychiatry has distinctive qualities according to Rose (p. 5). First, the community model brings together diverse clients, professionals and locations to administer diverse services (p. 12). Administration, rather than health promotion becomes the focus. Second, professionals become responsible for teaching clients to be responsible for managing themselves. As social programs are increasingly framed as having created a system of dependency on government and strained resources, governments seek to “empower” individuals to become responsible for their own health, financial independence, education, housing, etc. Professionals are given the task of teaching those diagnosed with a mental illness how to cope and self-manage through techniques framed as “re-empowerment” (pp. 12, 14, 15). Finally, “risk management” dominates the agenda of psychiatry. The potential for “risk” involves a combination of difficulties that may produce risk, but are not necessarily dangerous on their own (p. 13), such as illegal drug use combined with a perceived mental illness. This creates new areas in which a professional may intervene and manage.

Since 2001, neoliberal ideology has influenced the Government of British Columbia’s policy decisions with regard to mental health services in the province. Cuts to services

have included: a 70% reduction in Adult Mental Health Division staff; the elimination of the Mental Health Advocate; cuts to welfare, community based mental health services and legal aid; as well as a service delivery shift toward a “corporate, cost-containment orientation” (Morrow, 2006, pp. 8-9). As a result, systems for ensuring mental health service users can actively participate in decision-making regarding their treatment have been compromised (p. 6).

An investigation of neoliberalism and advanced liberalism draws attention to particular ruling strategies within the mainstream system that privilege a biomedical approach to support. The influence of pharmaceutical and insurance companies as well as the psychiatric profession’s need to maintain its status by assigning symptoms to specific diagnoses and treatments appears compatible with the mainstream system’s reliance on medication over therapy, relationships and providing service users with material resources. A neoliberal commitment to cost cutting lends insight into the priority of reducing hospitalization. Finally, the advanced liberal focus on individual responsibility and entrepreneurialism helps explain why governments may resist providing material resources, encourage or discourage particular lifestyle choices as well as emphasize “life-skills training” for service users.

Neoliberalism and advanced liberalism has contributed to the post-war emergence of a view of “independence” defined as the ability to function unaided, as opposed to alternative definitions such as freedom of choice, control, or maintaining a sense of self (Secker, Hill, Villeneuve & Parkman, 2003). The idea of independence as avoiding reliance on others has “contributed to the internalization of the ideal of the autonomous, self-actualizing individual” making dependency a sign of weakness (p. 378). As

previously noted, while dependency is inevitable in the lives of all individuals, in Western cultures including North America, independence is an ideal that must be pursued even when it causes harm.

Having considered theories reflected in service user and mainstream models of support, it is important to recognize that alternative models of support *do* exist within the mainstream system. While the dominant biomedical model and neoliberal political climate will impact and shape alternative models, it does not necessarily determine them. Shifting mental health services to the community opened the door to “a new claim to knowledge and status” by service users, family and other lay people (Rose, 1996, p. 19). As Rose notes, “the very uncertainty and contestability of knowledge which ‘community psychiatry’ embodies and intensifies is not wholly without progressive possibilities” (ibid.).

The impact of various individuals and communities such as consumer groups, families and progressive practitioners is crucial to bear in mind. Politics must be considered not only as “programmes and practices of rule in micro-settings, including those within the subject,” (O'Malley, Weir & Shearing, 1997, p. 501) but as social relations and conditions that “facilitate contestation and make room for diversity, help locate and define targets for intervention, and assist in the development of refinement of strategies for confronting or interrogating problematic regimes and technologies” (p. 504). Focusing solely on “mentalities of rule” ignores the variety and heterogeneity that exists within social relations.

Thinking of resistance as a failure of government programmes leaves no room for a positive and productive relationship with resistance or a view of politics as an “open-

ended process of contestation and engagement” (O’Malley, 1996, pp. 311-312). It is therefore critical to remember that government funded projects such as supported housing models evolve from complex social relations. To view supported housing projects, legislation or mainstream models of support as purely an appropriation of alternative models, “ignores the ways in which the programme itself was shaped” by the variety of individuals and groups involved in policy creation and implementation (pp. 321-322).

Conclusion

A review of service user and mainstream understandings of support, as well as varied theoretical frameworks for support, reveal a number of existing tensions. Mental health service users and love ethic theory as a framing for support, describe support involving relationships that are non-judgemental, respectful, involve service user choice and control over decision making, recognize their strengths and see them as unique individuals as opposed to an illness. There are clear tensions between service user priorities and those of a mainstream, neoliberal system that privileges cost savings, personal responsibility, managing risk and behaviour, maintaining the status of psychiatry, compliance with medication, and utilizing clinical teams for collaborative decision-making without involving the service user.

These tensions invite the question of whether the two understandings of support can co-exist or whether they are incompatible. Support practices based on service user support preferences or love ethic theory depend on building relationships, rapport and trust that takes time. Neoliberal practices prioritize cost savings and would therefore be less likely to provide funding to services that are time consuming. Service users desire increased control, choice and approaches to decision-making that require support services

relinquish control and take risks. However, mainstream support models are based on ensuring compliance and managing risk.

It is important to recall the complex social relations in which projects such as supported housing evolve. While there is no question mainstream support practices and neoliberal ideology influence the capacity for supported housing projects to frame support practices based on service user preferences, I believe it is still possible for them to do so. Governments rooted in neoliberal ideology understand social programs as best delivered by the community. This affords nonprofit agencies contracted to provide such services opportunities to develop programs that better meet the needs of service users. While nonprofit organizations may find challenges implementing and maintaining the core values of the model, there *is* space for them to try. As an example, the Canadian Mental Health Association's *Framework for Support: Third Edition* recommends involving professionals *and* service users in decision-making processes as well as utilizing a wide range of understandings of mental health, including evidence-based practice. In addition, including service user voices in decision-making may well cut costs and generate greater system "efficiencies." Mental health service users have direct experience with services being delivered and could prove a significant resource to program and policy development. There may be space for support policies and practices rooted in mental health service user and love ethic framings of support even within a system privileging a mainstream, bio-medical approach.

While a review of relevant literature exposes challenges to providing housing with supports as defined by service users, there is reason to be optimistic. Over time, housing models did move away from paradigms that involved no service user choice or control to

models that had these as main priorities. While there are threats to supported housing models that utilize supports framed by a love ethic and defined by tenants, the literature confirms the community as a space for “progressive possibilities” (Rose, 1996, p. 19). While facing many ideological and material barriers, mental health service users and community organizations have continued to engage and resist, experiencing both successes and disappointments in doing so. Resistance invites opportunities for individuals and groups to shape programmes and develop strategies to challenge problematic ruling techniques and forms of power. In this research, creating space for tenant voices creates and reveals spaces of resistance. Exploring tenant meanings of support within supported housing is an attempt to surface tenant voices and generate a basis from which to explore how services might shift to better attend to the interests of tenants, rather than the need to reduce costs or “manage” mental health services users.

CHAPTER 3: METHODOLOGY

3.1 Methodology

This research was guided and framed by a critical methodology. Critical research seeks to reveal the ways in which people are affected by social relations and structures, empowering those researched and helping them to transform their own environment (Neuman, 1997, p. 74). By giving voice to the affected individuals, critical research helps research participants realize their potential to control their surroundings and change existing structures (pp. 76-77). Critical research is compatible with the goals of my research as my research seeks to support tenants in revealing their own perceptions of “support” within the supported housing project.

Feminist methodologies also inform my research in important ways. For Sheila Neysmith (1995), feminist methodology “facilitate[s] our understanding of social reality as experienced by various groups of women” and has as goals, the “potential for improving the lives of women [and] for developing knowledge that can contribute to the elimination of gender based oppression” (p. 101). It was critical to ensure women’s voices were included when seeking to understand meanings of support within supported housing and to consider the likelihood women would conceive of support, support services and supported housing in ways that differ from male tenants.

Second, like critical methodologies, feminist research does not insist that researchers remain “un-biased,” and recognizes the researcher and researched are not “objective instruments of data production” (Oakley, 1988, p. 58). The researcher, her experiences and political leanings, are understood as playing an important part in the research process. According to Helen Roberts (1988), “to talk of a feminist methodology is

clearly political, controversial and implies personal and/or political sympathies on the part of the researcher. ... Feminists stress the need for a reflexive sociology in which the sociologist takes her own experiences seriously and incorporates them into her work” (p. 16). My experiences and interest in social justice have a place in my research. In fact, it is this experience and political orientation that has influenced my desire to research, to make change in my community and to highlight inequalities. Not only should this fact not be ignored, it must play an important role in research. For these reasons, I drew from feminist methodologies as I conducted my research.

Although using a critical methodology helps frame my research focus, it also has limitations that are important to acknowledge. It was important to not mislead or give false hopes to those participating in the research project. While it is possible the project could influence the way in which support services are administered, it is important to note that it may not.

3.2 Methods

A thorough exploration of my research design requires an examination of issues related to sampling and the collection of data. Each decision impacts the data and therefore required special consideration. Issues to consider were: who would be interviewed or included in a focus group, how many people to interview or include in focus groups, where the interviews and focus groups would take place and how participants would be accessed.

Qualitative methods were utilized in the collection of data. Qualitative methods complemented my research goals as they are “most interested in how humans arrange themselves and their settings and how inhabitants of these settings make sense of their

surroundings” (Berg, 1989, p. 6). Whereas quantitative research focuses on counting and measuring to gather data, my research aimed to uncover meanings of support within a social setting that could not be articulated in numbers. Qualitative research examines the “what, how, when and where of a thing – its essence and ambience,” data that would be impossible to capture through measuring or counting (p. 2). Although quantitative research has often been seen as more scientific and objective, Farran argues that statistics are not only socially created and interpreted, but they are a “*construction of reality*” (Farran, 1990, p. 101). She calls to the researcher to recognize quantitative methods as equally subjective as qualitative methods and to acknowledge their limitations, which include the danger of losing the subject in the data. As my research goal was to explore how tenants make sense of support, qualitative methods were deemed most suitable.

I chose to focus my analysis on one housing project. As opposed to conducting research at multiple sites, I felt that studying one project would offer a rich collection of data, imposing the limits necessary to ensure the study remained manageable. It was also important to reflect carefully on which supported housing project to choose as a site for the research and the influence the decision could have. To do so, I recalled why I first considered such a study relevant as well as the goals of my research. My primary interest lies with the client group deemed the “hardest to house” in our community: those diagnosed mentally ill, who often use illegal substances and are homeless or at risk of homelessness. For this reason, I wanted to choose a supported housing project that seeks to house this client group. I felt Astrid House [a pseudonym] best met my criteria, as it had an assortment of unique features and was deemed a rich site to explore various and changing notions of support. Located just outside the downtown core, Astrid House

consists of less than 30 private apartments and communal spaces for single individuals. Staff are available to support tenants and provide building maintenance from Monday to Friday, during the day. To protect the anonymity of the housing project, I have intentionally not presented Astrid House's unique attributes. While I felt my chosen research site had value, there were a number of other supported housing projects that could have offered different and valuable insights.

Research participants were given the option of taking part in a gender-specific focus group discussion of up to four people, discussed in greater detail below, or a one-on-one, semi-structured and open-ended interview, both approximately one and one-half hour in duration. Interviews match my research goal of highlighting the varied meanings of support, generating a basis from which to explore how services could shift to better meet the needs of tenants. Interviews also suit critical research as they "offer researchers access to people's ideas, thoughts and memories in their own words, rather in the words of the researcher" (Reinharz, 1992, p. 19).

I felt it was valuable to take my own experiences seriously and incorporate them into each interview. Ann Oakley stresses the importance of paying attention to a variety of aspects of interviewing that conventional researchers often ignore. These include "social/personal characteristics of those doing the interviewing; interviewees' feelings about being interviewed and about the interview; interviewers' feelings about interviewees; ... and the extension of interviewer-interviewee encounters into more broadly-based social relationships" (Oakley, 1988, p. 31). Oakley offers useful insight into my research as I have a prior relationship with all of participants interviewed and this

relationship surely influenced, and ideally enhanced, the interview, analysis and theories drawn.

While interviews may serve as a valuable tool, it is also important to highlight their limitations and potential dangers. In traditional interviews, the interviewer performs the role of the “expert,” extracting knowledge from a subordinate (Oakley, 1988; Oliver, 1990). Interviews using an “expert/subordinate” approach, a reserved, formal mannerism or one-way questioning would have defeated the ambitions of my research: highlighting varied tenant meanings of support and generating a basis from which to explore how services could shift to better meet the needs of tenants. Open-ended interviews allow participants greater control over the direction the conversation, increasing the possibility for unexpected notions of support to emerge.

It was also important to consider whom to interview, as the decision would play an important part in the data gathered and analyzed. Again, I framed decisions in light of my research goals. In selecting tenants, I planned to make an effort to include an equal number of long and short-term tenants and both women and men. I posted an invitation to participate in the common areas of the building, indicating the research topic and goals of my research [see Appendix A]. My hope was that a range of participants would volunteer, providing deeper insight into varied meanings of support. Six tenants responded to the posted invitation.

I interviewed two female and four male current tenants. Interview participants ranged in age from 34 to 52 years, the average being 43 years of age. Two of six participants were members of visible minority groups. The estimated length of time tenants had lived at Astrid House also varied: three tenants had lived at Astrid House for less than two

years while the other three ranged between five and twelve years. All six tenants had been homeless prior to living at Astrid House. Interviewees were invited to participate in the location of their choice and funding towards transportation costs was offered, should they choose a location outside their home. Four participants chose to conduct the interview in their apartment; one participant chose the staff office; and another requested the interview in the apartment of another tenant (who was also present throughout the interview). Both female tenants were interviewed in their apartment and had their partners present during the interview. The interviews ranged from 36 to 56 minutes in duration. Tenants were asked thirteen open-ended questions that examined: their original impression of “support” in supported housing prior to moving in; how they define support; their current impression of “support” in supported housing; and how support has changed over time [see Appendix B]. While some tenants expressed their anger and frustration during the interview, all six articulated their interest and enthusiasm for the research project.

In addition to one-on-one interviews, research participants were offered the option of participating in a focus group, however none chose this alternative. Focus groups are a researcher led, one-time group discussion of between four and twelve people (Gibbs, 1997, p. 4; Reinharz, 1992, p. 222). This method fit my research goals as focus groups allow the researcher to obtain both shared and differing points of view on the same topic (Gibbs, 1997, p. 1). Since finding varied meanings of support is a primary research goal, yet the reality of conducting a Masters thesis limits the number of interviews possible, a focus group would have allowed for more tenant voices to be heard while not overwhelming the researcher. In addition, Gibbs points out that “focus groups are

particularly useful when there are power differences between the participants and decision-makers or professionals” as focus groups allow for participants to build on each other’s comments, engaging in a discussion which exists separate from the researcher (p. 2). Focus groups can be an empowering experience for participants and a forum for change (Race & Hotch, 1994). It was my hope that a focus group could be a space where tenants consider their own definitions of support and possibilities for ensuring their needs are better met in the future.

At the same time as focus groups had the potential to meet the needs of the participants, as well as the research goals, the method involves challenges. The researcher has less control over the flow of conversation and a group discussion may inhibit some tenants from participating. While having “less control” may have made the focus group more challenging in some ways, it also suited the goals of the research by potentially surfacing varied and unexpected definitions of support. The more important concerns were the possible reasons tenants might not wish to participate. For example, it was anticipated that some tenants might not feel comfortable sharing their views with other tenants. While I attempted to avoid discomfort (including separate focus groups for male and female tenants), some tenants may have felt emotionally or physically unsafe with other tenants, and focus groups cannot be completely confidential or anonymous. Since no tenants chose to participate in a focus group, concerns regarding focus groups may have been verified. Offering tenants more than one means of data collection proved an important methodological component to this research, ensuring tenant participation while respecting their concerns and safety.

3.3 Analytical Procedures

In addition to reviewing issues related to the collection of data, it is important to detail how the data were analyzed. After each interview, recorded on a cassette tape, I made brief, general notes. Notes included the environment in which the interview took place and the general tone before, during and after the interview (for example, my sense of the participant's mood, whether there were interruptions, etc.). I personally transcribed each interview, reviewing each transcript twice to ensure accuracy.

Prior to data analysis, questions I considered included: how will the data be analyzed, what knowledge will be valued, who will evaluate the varied meanings of support and who is my audience? In analyzing data, I drew from interpretive policy analysis (Yanow, 2003). Just as critical and feminist methodologies recognize the significant knowledge of those most impacted by a policy or program, interpretive policy analysis places great value on "local" knowledge, "human meaning and social realities" in exploring and mapping out meaning (Yanow, 2003). An exploration into meanings of support by tenants in supported housing is an acknowledgment of "communities of meaning" that may hold various interpretations of support, support staff, support services and supported housing (*ibid.*). Open-ended interviews shift power from the researcher to the research participants, providing for a range of meanings, none of which were considered to be more or less valid than another.

Data collection and data analysis cannot be easily separated therefore the methods themselves had to be consistent with the goals of analysis (Yanow, 2003, pp. 239-240). As a guide for handling the data collected in my research, interpretive policy analysis was

congruent with my goal of highlighting varied tenant meanings of support and generating a basis from which to explore how services could shift to better meet the needs of tenants. Conducting open-ended interviews helped to maintain these goals. In addition, interpretive policy analysis seeks to explore meaning within a specific community, in a specific time and place (pp. 229-230). As previously noted, this research explored the ways in which tenants in a specific supported housing project made meaning of “support” and the support services they receive. Interpretive policy analysis proved a useful way to focus the research on its specific tasks and objectives.

From the data collected, tenant meanings of support were interpreted through the language tenants used to describe “support,” services received and supported housing in general. Analyzing local knowledge involved “daily sensemaking” and making meaning from irregular or contradictory data that appeared (Yanow, 2003, p. 239). This form of data analysis required me to prepare to uncover data that potentially conflicted with my expectations.

[P]olicy analysts can no longer act as if they possessed certain knowledge. Instead, interpretative social ‘realities’ dictate that professionals, while charged with the passionate commitment to their ideas (and ideals), must maintain a sense of humility in the face of the possibility that they might be wrong. ... Local knowledge must be accorded its place as central to the world of professional practice (Yanow, 2003, p. 245).

Prior to data collection, contradictions had already been found in the literature between mainstream mental health support services and the support tenants want or claim to be receiving. Interpretive policy analysis, with its focus on gathering various meanings of support and addressing contradictions and anomalies, proved to be a useful means to exploring the data.

Once all six interviews were transcribed, the interviews were analyzed by searching the data for themes and common categories of meanings of support. In addition, the data were studied to investigate tenant meanings of support that reflect aspects of a love ethic or mainstream framing of support. While analyzing the data, I explored differences between women and men's meanings of support as well as possible differences by duration of tenancy. I also considered whether there was anything "missing" from the data. It proved important to "[identify] such exclusions, erasures and missing information ... [so as to explore]... the ways certain topics came to be missing and the implications of these gaps (Reinharz, 1992, p. 162). Finally, I considered possible implications for policy, practice and future research. In analyzing the data, it was important to allow themes to emerge from the data, ensuring the voices of tenants guided any conclusions drawn.

As my goals involve generating a basis from which to explore how services could shift to better meet the needs of tenants, the primary audience for my final thesis includes tenants, staff, nonprofit society management, funding providers and my thesis committee members. Helen Roberts offers important insight when she notes,

There is little point in congratulating ourselves on the fact that the validity of our interpretive data can be checked by the subjects answering back, if we are to present our work in such a way that it can only be understood by a coterie of sociologists. It is clearly of particular importance when doing research with relatively powerless groups that research findings should be presented in a way which is as clear as possible to those individuals. This raises the question of whether we do research for ourselves, for our professional colleagues or for and with the subjects of our research (Roberts, 1988, p. 26).

In writing this thesis, it was important to ensure tenants' voices remain central and are not clouded by exceedingly academic language. The research findings involve their voices and stories and must therefore be accessible.

3.4 Ethical Considerations

Ethical considerations should be an essential component of any research design. Although issues related to ethics have been discussed throughout this chapter (for example accessing participants), there are a number of questions that require special attention. These topics include asking whether those deemed mentally ill can communicate their ideas rationally, accessing consent and the "captured" participant, anonymity and confidentiality.

The belief that mental health service users are unable to express their opinions and needs rationally has resulted in less progressive mental health services (Davies, 2005, pp. 106-7). Bronwen R. Davies (2005) argues that it is not only possible to conduct research with people diagnosed mentally ill, it is necessary as "those with severe and long-term mental illnesses constitute an oppressed group and ... mental health nurses [conducting research] have a duty to acknowledge patients' expertise in living with this disadvantage, both in clinical practice and in carrying out research" (p. 106). Considering it essential to ensure research participants do not feel coerced, Davies suggests it is unethical to recruit as participants people for whom the researcher provides care (p. 108). In addition, she advises researchers to give participants plenty of information as well as time to make a fully informed decision about whether they wish to be involved in the research (ibid.). Finally, Davies recommends that researchers utilize a system of "process consent" where consent is "sought before, during and after data collection..." (p. 109). In doing so,

opportunities for “moral discourse,” conditions where participants engage in discussions about their comfort and choice in continuing their involvement in the research, are created (ibid.).

It was essential for me to ensure participants did not feel coerced due to my perceived power or status as an insider. As previously mentioned, I have worked in four supported housing projects, including Astrid House. In addition to having worked at Astrid House, I have also had contact with some of the tenants there in my past role as a Financial Assistance Worker, as well in my current work as a Housing Outreach Worker. It is likely many of the tenants knew of me and some would have had some kind of interaction with me in the last five years. It was especially important to remember my powerful role as a Financial Assistance Worker. There may have been tenants that still associate me with their financial security. Although I have had no power or control over tenants' finances since May 2002, this possible association was essential to keep in mind and clarify for tenants who volunteered their time and their knowledge.

Before conducting my interviews, I obtained written consent from each research participant. As it was possible some of the tenants being interviewed would not have strong reading skills, I read the consent form [see Appendix C] out loud and answered any questions that arose. The consent form included a statement of my research purpose and the potential risks and benefits of participation. I stressed that participation was completely voluntary and that they could discontinue their participation at any time. Before each interview, I engaged participants in a discussion about consent, seeking confirmation of their comfort with continuing with the interview. Finally, after each

interview was completed, I made certain participants still wanted their stories and opinions included in the data.

The question of power and the “captured” participant, led me to consider whether to offer tenants funds in exchange for their time and knowledge. On the one hand, providing payment for participation could highlight existing power imbalances and may have become a potential barrier to participation (Campbell, Copeland & Tate, 1998). However, offering an honourarium is one way of demonstrating appreciation for the time, energy and knowledge participants contribute to an interview. In the context of my research, I felt that providing a \$20 honourarium to tenants who participated was important. Their knowledge was the critical component of my research and too often, the value of this knowledge is unrecognized. As all of the tenants live on a low income, a \$20 honourarium likely proved useful as well as being an incentive to participation. To ensure tenants did not feel pressured by financial concerns to continue an interview in which they did not feel uncomfortable, it was important to offer the honourarium *before* beginning the interview and to make sure that it was understood that it could be kept whether or not the participant decided to withdraw. In addition to offering an honourarium, at the completion of this thesis I also plan to send a letter to each research participant, offering them a summary of my findings and/or a copy of the thesis. This is to further recognize tenants’ contributions as well as to reveal how the data was interpreted.

Ensuring anonymity and confidentiality was another very important component of my research. First, all individuals and organizations referred to during the interviews are kept anonymous by creating pseudonyms for each person and organization referred to by

participants and for the housing project itself. Second, in an effort to ensure participants remain anonymous, specific quotations used from the data of this study are not identified with pseudonyms or numbers. It was possible that without being assured anonymity and confidentiality, tenants might fear their housing could be in jeopardy. Finally, every attempt was made to ensure all information offered by participants was kept confidential. Taped interviews were transcribed and the tapes and transcriptions were kept in a secure location and will be erased as soon as they are no longer needed. A statement of confidentiality was included on the consent form and the assurance of confidentiality and anonymity was taken very seriously.

Although the researcher's intention may be emancipation through methodologies that recognize the value of relationships and alliances, it is important to remember that ultimately, the researcher deserts the researched (Stacey, 1991). While critical research works to "eliminate the division between the researcher and those being researched," the fact that this project had a beginning and an end must be acknowledged (Neuman, 1997, p. 78). This research is a part of my graduate degree. This graduate degree will impact my career. Although I chose to draw from methodologies and methods that support my goal of allowing the participant's voices to be heard, this does not remove the influence of my thoughts, feelings, desires, history, needs or goals, from the data, analysis, conclusions or the presentation of the final product. However, a critical methodology utilizing one-on-one interviews helped to maintain my goal of ensuring tenant voices were heard by highlighting varied meanings of support and generating a basis from which to explore how services could shift to better meet the needs of tenants.

CHAPTER 4: FINDINGS

4.1 Introduction

Asked to make meaning of “support” in supported housing, tenants outline various understandings of support. Tenants identify valued supports; relationships and resources recognized as unsupportive; as well as various barriers to asking for and accepting support. This chapter will present the findings of how tenants in supported housing make meaning of support. First, this chapter will outline relationships and resources deemed most valuable by tenants. These include relationships and resources that support tenants’ need for increased independence and control, safety and security. Second, this chapter will summarize unsupportive relationships and resources that decrease tenants’ safety and security and reflect a return to traditional paradigms involving decreased tenant control. Finally, I will describe notions of individualization and personal responsibility articulated by tenants and the link to neoliberalism and advanced liberalism. Tenant internalization of individualization and personal responsibility result in a rejection of the very support tenants deem most valuable.

To remain consistent with my goal of giving voice to tenants in supported housing, this chapter utilizes frequent quotations from the data in an effort to reveal the ways in which tenants are affected by social relations and structures. These findings were identified through the language tenants used to describe “support,” services received and supported housing in general. Therefore, synonymous with critical and feminist methodologies, this chapter places great value on “local” knowledge in an effort to present and map out meaning (Yanow, 2003). A thorough discussion of the quotations is taken up in Chapter Five.

4.2 Tenants Identify Support: Relationships and Resources

Supportive Relationships: Enhancing Independence and Control

For tenants in this study, supportive relationships are consistent, reliable, trustworthy and available; involve encouragement and guidance; and allow for opportunities for recognition and shared knowledge. Relationships deemed supportive by tenants also help to increase their independence and control over their lives.

Consistent, Reliable, Trustworthy and Available Relationships

To be experienced as supportive, a relationship must first prove itself to be consistent, reliable, trustworthy and available to tenants. The importance of knowing someone is there is a central theme for five tenants. Whether or not the tenant calls on a person for help, it is important they know the person is available if needed. Knowing someone is consistently available allows for a sense of freedom, control and independence to live your life as you wish. For example, one tenant in particular makes numerous references to the importance of “back-up,” knowing someone is consistently available, if and when required.

It's really good to know ... it's like with the crew. You know you have back-up. That's the way I feel here. With Ian or John [tenants] or Russell or Ken or Laura [current and past support workers]. You know. It's like I still have a crew. ... Just knowing I have it. If I was ever in trouble or I needed help.

It is important to note that not just anyone can be “back-up.” The development of this kind of relationship takes time and a person must prove him or herself trustworthy and non-judgemental.

I knew that if I asked Rob [past support worker] for a ride to do my shopping, if I needed a ride to do this ... that he'd help me out. ... I knew downtown [when living on the streets], if I was in trouble and Rob was

there, he'd be there. So when I moved here, I'd go downstairs [to the staff office].

Supportive relationships give opportunities for support to be available both ways.

Tenants clearly indicate a desire to both give and receive support.

MH: ...it sounds like when you're broke, knowing that there are some resources for you ... a couple bucks now and then ...

Tenant: But if he wants furniture done, or if I've got an extra VCR, or something, if he needs something, I'm there for him too. ... And he knows that.

MH: So it has to go both ways.

Tenant: Yep.

Consistency, reliability and availability of support are closely linked to trust. One tenant mentions the security that comes from being in an environment where you know you can trust people. He also mentions that he could not ask for or accept support from someone he didn't trust.

I knew that if I had to do something, if I had trouble, he was there. He was on the street for me when I lived on the street. He used to pull up on his Harley and sit on the sidewalk with me and talk. I'd be drinkin', he'd be talking. As a friend. ... He was considered one of the crew. You know like, we did trust him. ... Me and my crew. He'd park his Harley right on the sidewalk [laughs] ... it was pretty good. You have to trust someone.

When asked how you know when you can trust someone, one tenant notes the importance of being treated with respect.

Tenant: 'Cause I can tell if people are good or the opposite. ... See I get picked up by cops and ah, I would trust them from the time they arrest me until the time they release me. I would trust them.

MH: All of them?

Tenant: Most of them.

MH: What do you think they did that led you to trust them?

Tenant: Ah, cause they always treated me as a person. You know, not like a scum or garbage.

For these tenants, consistent, reliable, trustworthy and available relationships are the foundation of a supportive relationship. Just *knowing* support is consistently and reliably

available to tenants, whether they ask for it or not, is important to ensuring tenants trust they can ask for and accept valued supports.

Encouragement and Guidance

Encouragement and guidance are identified as key aspects of supportive relationships for tenants. Supportive friends and staff offer advice, direction, compliments and encouragement in an attempt to inspire, “activate” and give hope to another. Guidance and encouragement boost self-esteem and recognize tenants’ strength, enhancing their independence and control.

For one tenant, guidance and encouragement are critical to the growth and “activation” of another person.

I mentioned the activities that were in the past. ...[T]he founder of the place had ideas to keep people active. ... Not everyone can be active on their own. Maybe they have to be given ideas what to do with themselves. ... When I first started here we had two people working here and they were full of energy and they were interested in people and they saw them as *people*, not just people with ... mental illness. ... Made them feel good. Probably activated part of them that wasn't activated before. ... Like this, not full of life, then they did something that activated them and they came to life. ... That you're interested in somebody. “Oh, you're doing good.” Or just interacting with people instead of just looking at them, watching them fall apart. You know?

Another tenant links being offered or offering guidance with personal growth.

Here's an example. You know, we got a tenant in the building named Peter, right? And he used to have a problem with drinking, but he's been off it for a long period of time. I'm always there to say, “Hey, I know you can do it. You gotten this far, who knows where you can take it to the next level.” In a positive way. ... Give him direction.

A third tenant connects guidance and encouragement with increasing tenants' self-esteem.

[W]hen people help support what you're doing and what you're trying to do, getting along with it, it always makes a support for yourself - that you're supporting them and they like what you're doing and they're supporting you because they think you're doing good and stuff.

A positive and hopeful attitude can guide and encourage. One tenant describes the transfer of hope and a positive attitude from one person to another.

Oh yah, well, when this building first opened up, I didn't have an idea of what was going to be happening. [You] need a positive atmosphere from a positive person and I found that positive energy, it spreads, eh? If you don't have a lot of positive energy, the other thing spreads ... the negative forces.

For another tenant, a hopeful and positive attitude gives him strength and helps him maintain control over his life during hard times. He sees hope as something that can be "given" through relationships.

You know, I think there's hope if you give people hope. And I've seen some people, picked literally off the ground and become somebody. Anything's possible. I could be here and next minute, next few years, I could be in a totally different situation than here. But right now, it's just ... testing my will. And I feel like at times I was gonna to lose it, but I know I'm not. I'm gonna win this. No matter what.

For this same tenant, knowing someone believes in him is encouraging and gives hope. He believes encouraging relationships help people "plant a seed" needed to grow and move forward during hard times.

[T]here's some people that just go, "Ugh. I can get myself off the ground and go further." And ... I'm about to do that. I don't care what anybody says. I got certain people believe in me and there is hope. That's all I have to say. I just believe that there's hope and I will get somewhere. Simple as that.

Relationships that guide and encourage, inspire and activate tenants. In turn, tenants feel increasingly positive and hopeful which boosts their self-esteem and gives them strength and enhanced independence and control.

Opportunities for Recognition and Shared Knowledge

Beyond relationships that are available and encouraging, tenants emphasize the importance of relationships that recognize their knowledge and include opportunities to share knowledge. Recognizing and creating opportunities for shared knowledge can increase tenant independence and control by allowing them to apply their knowledge in decision-making processes. For tenants, opportunities to share knowledge and participate in decision-making would not be possible without acknowledgement of their capabilities and intelligence.

I was expecting ... a safe place, without judgement. That what I expect. I'm still ... a human being. Just because I have a brain injury, doesn't mean I'm not a human being or I'm a child. I'm an adult. A good person. So ... that's what I expect - to be treated as an intelligent person.

For another tenant, being offered work acknowledges his skills and efforts.

[T]hey hire me out for jobs. Like I was going steam-cleaning and home cares and different things like that. ... It's supportive that people trusted me to actually go do these things. ... So it was more like of a confidence boost that people were willing to accept me and willing to work with me and be an acceptance in the group.

A third tenant identifies the recognition of a person's ability as key to helping them grow.

Recognizing abilities boosts confidence and enhances creativity.

It varies for different types of people. I think it could be for somebody that's an artist, ... wants to get back into it but they have nothing to direct them to do that. Ah, to bring out people's abilities instead of just looking at them as people with no hope. But it's about ... mak[ing] them happy then you see their abilities come out in different types of ways. Could be thinkin' better, talking better, come up with better ideas. Isn't always about skills. There's more to it than that.

Once recognized as an intelligent adult with a variety of skills, tenants identify opportunities to share knowledge as supportive. Sharing knowledge may involve problem solving or challenging one another to think differently.

MH: What kind of things do people do for you that you find to be supportive?

Tenant: To communicate. You know? Agree with me. Disagree with me. If I'm wrong or right. If I'm right, agree with me. If I'm wrong, disagree with me.

One tenant spoke of utilizing the knowledge of others when living on the street as helping him increase his independence and control over his life.

When I first started going to soup kitchens and stuff like that, I was in Winnipeg and I ran out of money and I didn't have nothing and the room was like *freezing* cold and this Indian guy, ... he helped me get into the soup kitchens so I could have food and something to drink and just to get along and stuff like that because I was ... down and out and broke and hungry [laughs]. ... I've met a lot of nice, good friends that ... have helped me along the way.

Having utilized the knowledge of another to increase his independence, he now passes this knowledge onto others.

[W]hen people have problems, like the problems that I had can coincide with the problems that they have, and you can explain it out and you can say what's what. ... [I]t's just the knowledge that I've built up over the years that can be a stepping stone for them to be able to go further in their life.

Significantly, the importance tenants give opportunities for shared knowledge highlights tenants' recognition of their own wisdom and ideas. Tenants clearly have a wealth of knowledge to share and planning for support practices using tenant meanings of support would go a long way toward increasing tenant independence and control over their lives as well as the potential for wide-ranging benefits for supported housing service providers and future research.

There is no question that relationships make up much of what tenants refer to when asked to make meaning of support. Love ethic theories shed light on why supportive relationships might be key to tenants. They suggest that relationships involving loving action, including trust, interdependency, compassion, shared knowledge and respect have the potential to heal individuals and communities. The empirical literature indicates mental health service users place great emphasis on relationships which are non-judgmental, involve service user choice, recognize an individual's strength, acknowledge the service user as a person rather than an illness and involve service user control over decision making and finances. Studies also demonstrate the value of flexible supports that enhance independence and do not attempt to "manage" or "control" service users (Nelson et al., 1997; Parkinson et al., 1999).

The data from this study are consistent with the literature indicating that tenants supported in ways that increase autonomy and empowerment have increased opportunities to develop interdependent, reciprocal relationships within their community. Tenants' describe experiencing enhanced independence and control as a result of relationships that involve: consistency, reliability, trust and availability; encouragement and guidance; and recognition and shared knowledge. Tenants outline relationship characteristics that enhance their ability to make choices and live independently. This does *not* mean eliminating a need to access support. Supportive relationships must acknowledge tenants' interdependence and encourage tenant participation in decision-making.

Supportive Resources: Enhancing Independence and Control, Safety and Security

Tenants identify a variety of resources as supportive. Resources deemed most valuable are those that increase tenant independence and control, safety and security. Key resources include a private apartment, supported housing rules and policies, material resources and access to transportation.

Safe, Secure, Private and Peaceful Home

No resource is deemed more supportive to tenants than access to a private apartment. All six tenants identify a private apartment as having the potential to produce numerous benefits including enhanced independence and control, safety and security. Some state plainly that the key supports provided by the supported housing project are the walls, roof, private kitchen and bathroom.

[W]hen I found a place that had my own kitchen, that had my own bathroom, my own living room where I could actually live normal [laughs], compared to sharing everything, I had taken it.

The main support I was expecting was a roof. Walls.

Privacy and control over their environment were deemed important to tenants. Tenants describe a private apartment as enhancing their ability to control when and who to share your space with.

I don't mind sharing, but it's at my discretion. Even with the peephole! I'll look through the peephole ... aah I don't feel like talking to this person today. So that's cool.

Having a private apartment comes with legal rights, an important point noted by one tenant.

And then if I was by myself, I would have the choice.... If I don't want a person to be in my place, they are not to be in my place. "You're out of here." And I have the legal right on that.

When asked what support they were expecting, all six tenants mention the supportive component of having a safe and secure room for personal safety, privacy and security of possessions. For these tenants, an apartment with a lock on the door is clearly deemed supportive.

MH: So that [a self-contained apartment] was a benefit of this place – sounds like you have more privacy here.

Tenant: Oh! There's a deadbolt. It would be very hard to get through that door.

Another tenant notes a sexual assault that took place when she shared a previous apartment with a roommate. A lock on her door helps her to feel safe in her private apartment.

I had one roommate that was sexually molesting me while I was sleeping and I woke up to that. Ok? You can't lock everything up all the time - lock your bedroom. I guess it's getting to the point in this day in age when you have to. You know?

Security of possessions cannot be easily separated from feelings of safety. As one tenant describes, a secure apartment also leads to independence, control and the ability to “stabilize” one's life.

[O]nce you have those privileges [of having your own apartment] and you're able to use them, it's more of a reward that you can go in your kitchen, you can go take something out of the fridge, you can go put it on the stove You can leave it there all night if you want [laughs] and it won't go nowhere. ... So it's stability. ... [Y]ou can stand up and say, “Well, I don't have to worry about it for right now. I can leave it and do what I want.”

All six tenants note that, despite problems, they generally like where they live. Factors contributing to liking where one lives include: a convenient location, comfort, peace and quiet, privacy and affordability.

I like this place. It's close to bus routes and [the grocery store] is just [points out the window, down the road] ... over there.

Other tenants note that despite its problems, the supported housing project creates opportunity for community connection.

I want to stay. I like being here. Even though it's madness sometimes and you get pissed off. It's like one big family and they're pissed off ... but we have fun too and we can poke at each other.

Housing that gives tenants the ability to control their environment, be alone or have visitors at their discretion and that enhances tenants' personal safety, privacy, security of possessions and independence is deemed extremely supportive. While tenants clearly value a secure, private and peaceful home, the results of this study indicate tenants do not always feel safe or secure in their home. These results will be expanded on later in this chapter.

Housing Rules and Policies

Tenants identify supported housing rules and policies as supportive when they enhance safety and security. One tenant notes the primary function of rules as seeking to ensure tenants' safety, something she feels is needed.

And I don't mind the policies and I realize that sometimes they're erring on the side of caution. There are a wide variety of personalities here. We've got some people who are violent. We've got some people who are just plain crazy.

One tenant has come to agree with some of the rules because they are understood as maintaining safety in the building.

[S]ince I moved in they said, "Don't bring the strangers here." ... [T]hey explained to me the reason why. They said, "Most of the people that live in this building are mental a little bit. ... That's why we're here to protect them. We don't want ... you to bring strangers around them." That's fair.

Tenants identify unwanted visitors as a major cause of fear for their safety in the housing project. One tenant describes a policy he believes to be successful in addressing the problem of unwanted visitors in the building: evicting a tenant who allows problematic visitors into the building.

Tenant: Jim, he's gonna be evicted. Because he's the one mostly ... who ... would let [in] people. ... I never let them in. And I go downstairs and I say, "people come and knock on the door. Who let them in?" And they knew who it was. They said, "Jim."

MH: You think that's a good rule?

Tenant: ...yah, Ken [manager] told me, "Mark, no one else will knock ... 'cause Jim will go away."

This same tenant identifies calling police as another example of a successful policy in dealing with unwanted visitors in the building.

[T]hey told me, "The best is, whoever knocks, unwanted guests, don't let them in. If they keep knocking, call the police. The police will deal with them." Which I did one or two times.

Tenants have also found their own methods of addressing visitors they deem problematic, including kicking people out themselves or contacting a tenant acting as night manager.

Sometimes people keep knocking on the door or they wouldn't leave, before I had the phone. So I go to the night manager or weekend manager. I go and knock on the door. Then he's the one who comes and says, "go away guys."

Clearly, for tenants, rules and policies are a resource within supported housing with the potential to increase feelings of safety and security.

Material Resources

Tenants identify a variety of material resources as supportive. As each tenant participating in this study receives provincial disability benefits and would therefore be limited to a monthly income of only \$856.42, the increased availability of material

resources increases tenants' choice and control over their lives. One tenant mentions the availability of utilities such as heat, electricity, a phone and cable television within her home. These resources are described as supportive as they would be otherwise difficult to access.

Full cable. [laughs]. Electricity. [laughs]. All these things that I don't have to worry about. Don't have to sign up for. I owe Telus [phone company] about \$220 I think so I'm not going to get a phone any time soon because I have to pay that back and, like, there's a phone downstairs. ... I don't have to pay a quarter every time I want to call my dad or my worker or whatever. ... Ummm, bus pass, ... being allowed to take courses at [the local college]. Yeh, these were surprises.

Another tenant describes as supportive, a surprise gift of an assortment of resources at Christmas.

[A]t Christmas time I opened my door the night-time before Christmas, right? Ohhh, like, ... fifteen toilet paper, hygiene [products], ... coffee, sugar, yah! A Christmas card. ... "Wow," I said, "that's nice."

For a third tenant, support is about sharing resources, including money, when able.

Being a friend, if you got a couple bucks, give it to 'em for their coffee. Like I know a buddy of mine, Al, he's in wheelchair and he's always out there pannin' and every time I go by he asks for money, but we also say hi and stuff like that.

Tenants deem material resources as supportive because they not only have the potential to increase tenants' quality of life, they enhance tenants' ability to live independently and have greater control over their lives.

Access to Transportation

One service particularly valued by tenants is access to transportation. Five of six tenants speak of the importance of being able to access transportation from staff for shopping, medical appointments, social activities, or just to get out of the building.

Access to transportation widens tenant options and increases their independence and control.

I was eating those packages of Mister Noodles and I was getting sick of them ... So William [past support worker] ended up conning me into going out to a grocery store with him. ... [B]efore, if you wanted to go on the bus it was \$2 every which way you go and when you only get four, five hundred dollars a month, it doesn't last very long.

For another tenant, a drive to go grocery shopping is supportive because, due to physical limitations, it is challenging to do on her own.

[W]hen I first applied and they told me about this place, [I was told] they would help you with your shopping, with your groceries, carrying the bags. ... These are things ... I really do need help with. Right? 'Cause I can't do them on my own. You know, I have a lot of problems with that.

Two tenants mention the availability of transportation in the context of how things have changed. One mentions that at one time, tenants could access drives from staff to valued community activities such as badminton, camping or swimming.

MH: So when you first applied, before you moved in, what support were you expecting?

Tenant: I wasn't really expecting anything. I just came here. I just see what happens here. There was a support system here. Used to be, take people out camping, take people out to the university to play badminton, swimming, used to have movie nights down there to get people together.

Access to transportation for shopping, appointments or recreational activities is deemed supportive to tenants as it increases independence and control. A drive is also seen as supportive when it allows tenants to get out of the building and participate in activities that provide connection outside their home. It is interesting to note only one tenant appears to ask for and receive drives on a regular basis. This same tenant emphasizes the importance of reciprocal relationships, knowing you have "back-up" and receiving support from someone you trust and have history with. Linking these two meanings of

support, it is possible tenants would be more likely to utilize valued supports, such as access to transportation, if relationships with staff included more of the qualities tenants deem supportive.

The empirical literature reviewed earlier indicates that mental health services users in supported housing emphasize the importance of material supports, including housing, food, finances, phones and transportation money (Tanzman, 1993). The data from this study are consistent with the literature. Tenants identify safe and private housing and other material resources such as a telephone, television, financial resources and transportation as supportive. In addition to pointing out housing itself as supportive, tenants also place emphasis on supported housing rules and policies as potentially supportive. Supportive resources allow tenants greater independence and control over their lives.

4.3 Tenants Identify Barriers to Support: Relationships & Resources

Unsupportive Relationships: An Institutional-Medical Approach to Support

For tenants, relationships that are controlling, inconsistent and unreliable, judgmental and exclude them from decision-making are deemed unsupportive. Unsupportive relationships reflect aspects of an institutional-medical approach to support involving decreased tenant control.

Controlling

While tenants value relationships that increase control over their lives, they deem people attempting to manage their lives unsupportive. One tenant mentions his

understanding, when accepting his apartment in supported housing, that he would not be forced to live a certain way.

MH: When they approached you for supported housing, what were you expecting supported housing to be like? What did you expect to get from it?

Tenant: Ahhh ... a place to live. Then after I moved in, they'd take me shopping. What I needed, I'd ask for. They would never force me.

A second tenant refers to his strong resistance to feeling controlled.

[B]efore I used to kick myself saying, "why does this guy [support worker] want to know everything? Why? Why?" But now I get used to it. ... One time even, I told him, "you know what, if I wanted somebody to tell me what to do with my life, I would stay at my mother's house. My mamma would tell me what to do. That's why I left the house," I say.

Tenants who feel controlled have difficulty developing trust. One tenant points to a lack of trust and fear of being controlled to explain why he does not often ask for support.

Tenant: I *can* talk to the staff at times, but very limited. So either them ask me how I'm doing now in days, I just went "Hum." I don't want to say anything. ...

MH: [H]ave you ever asked anyone for support at Astrid House?

Tenant: Um, no, but I don't feel I can trust anybody for that. I don't like to ask for something where somebody can put one over ya. "We did this for you. We did that for you." You don't do it because it's in your heart and you wanted to help me.

Relationships in which tenants feel controlled and managed are deemed unsupportive.

Tenants are unlikely to seek out or accept support from someone they sense wishes to control their lives.

Inconsistent and Unreliable Relationships

Tenants refer to the effect of inconsistent and unreliable relationships. For one tenant, support staff services cannot be supportive if they are not also reliable and available to all tenants. Not being able to access staff decreases her sense of safety.

[I]f they had a schedule and told us what *days* [they were available], I think it would help out a lot of people at a lot of different situations. I know myself, I've been frustrated where I've been hurt and I know I'm not going to be able to make that bus ride. Ok? And this is where that ride will come in handy. And then you find out that they're not even there for the next two days.

She appears to have mixed interpretations of why support services are not reliably available to her. One explanation is that she is too "difficult."

Ah, I got really mad because ... during that time, when I was staying in that place, it seemed like they [staff] didn't make any effort to actually help you out. Because you were just being a little bit more too difficult for them. And they don't want that, right? And like I said, you don't want to piss *them* off because then it'll be forever to get back what I had before.

The second explanation she has considered has to do with cutbacks. She says she has come to the conclusion that a lack of funding is to blame for the reduction of some services. She also notes that after a meeting, staff explained they had been directed to spend less on gas.

MH: So what else has changed since you first moved in?

Tenant: The less frequency for rides. Well, and the food thing, but again, cut backs, cut backs, cut backs. ... I've come to my own conclusion. Other than them showing me what happened at the last meeting. You know, like, at this meeting we were told that we were using too much money on gas.

While this tenant identifies funding cutbacks as a partial explanation for the reduction of services, she also points to a lack of interest and caring.

And then now it seems like ... they have more excuses to not help you out ... and they're blaming a lot of it on the government and the cut backs and things like this, but you know. ... how much do you *want* this job? How much do you *enjoy* the job, right? Because it doesn't seem like ... Cause this is the negative support part. There is good support and there's negative support. ... If you're in supportive housing, they should be trying to help make you feel ... not make you feel *worse* than what you already have been through in what's going on around you.

Tenants believe support should be offered unconditionally: being able to ask for and receive the support *you* need when you need it. Relationships guided by the needs of others rather than those of tenants have proven unreliable for the following tenant.

You know, and when I've had support in the past ... like I had a therapist for after when I got run over by the truck, but he did not help me. ... [B]ecause you're with a big [insurance] corporation, ICBC, you run against them, you have to do the motions for *them*, right? ... And I see that happening with some people here. They just go through the motions.

For another tenant, inconsistent and unreliable relationships with support staff produce feelings of hopelessness. Using the analogy of the disaster in New Orleans, he describes the initial hope that comes from believing support will be available. However, when support does not materialize or is found to be unsuitable, hopelessness is compounded.

I'm talking just say the disaster in New Orleans. You see a whole city wiped out. Everybody's walkin' around goin' "Oh jeez, there's nothing here." But when all that little bit of help starts to come about, people get happy and they feel they got faith for the future. They think that there's a hope. But when you see a disaster, it's startin' to happen around here, and you look for answers, but you're not looking for the right *kind* of answers, where is it gonna go?

Clearly, for some tenants, inconsistent staffing that is not adequately funded cannot be supportive. Without feeling confident staff will be available when required, tenants lack hope and a sense of security and feel that they have decreased control over their lives. Tenants observe a support model that is not guided by the needs of tenants.

Feeling Judged and Labelled

Tenants also cite feeling judged and labelled based on their perceived mental illness or addiction as unsupportive. One tenant's first day, he felt judged by a staff member for being intoxicated and learned to be extra cautious with this person from then on. For this tenant, feeling judged was clearly a barrier to developing a supportive relationship.

So he drove me out here, but I was drunk at that time. And the guy says, "Oh, you *drinking*?" I'm not going to tell his name ... "Oh, you're *drinking*." I said, "Why?" Oh, I'm getting, "You're *bullshitting* me." I said, "What are you talking about?" So after that, that first day, "Don't bullshit me," the way he said [that], ... I said, "Oh man!" After that then, I have to be careful with him.

A second tenant notes the implications of relationships where you are not being heard: frustration, confusion and a lack of support when needed.

[T]here's a lot of stuff going on ... you can't tell them. ... [I]t seems like you have to hold stuff and rein stuff back. ... You know what I mean? "We know everything that's going on in this place." But, and then they'll say something else that, "what do you expect us to do about it." ... [Y]ou're getting more questions than answers.

A third tenant notes the importance of not categorizing people with mental illness. For this tenant, categorizing a person "mentally ill" shuts out and discounts the person, rather than engaging with her or him as a unique, capable and intelligent individual.

You're just a ... you're just a mentally disturbed person. You're just another case. ... they're just looked at a certain way. They're categorized. And a lot of people that are mentally ill can also have abilities and gifts and things you just didn't know about what's in them, right? Like a lot of people don't know I like to play guitar, but I haven't played guitar for years. Or soccer or ... I've done a lot of creative thoughts ... They just look at me just this angry man that I'm always upset all the time, but that's not really me.

For this same tenant, medication plays a role in shutting out people with mental illness.

I find it sad that a lot people go to [the psychiatric hospital] and they get on all kinds of medications in them and they just put them in a corner.

The results of being categorized are feelings of isolation, anger, misunderstanding and missed opportunities to grow as individuals and as a community.

[W]hen people ... are in positions of power and they look down, they don't talk to people as people instead of mentally ill people, how are they going to grow? How are they going to improve within themselves? If they can be looked at like somebody ... somebody with no substance. Just

somebody decaying. Nobody there to pick them up. To say, "Hey, you're doing a good job" and so forth. If you got no ... people praising you ... how you gonna grow?

For these tenants, it would not be possible to have a supportive relationship with someone who pre-judges, labels or makes no attempt to see their abilities and understand them as unique individuals.

Exclusion from Decision-Making

Exclusion from participation in decision-making is deemed extremely unsupportive to tenants. They feel they are excluded due to assumptions about their lack of ability and stability. One tenant spoke of his desire to no longer take medication. For this tenant, being off medication is part of living a "normal" life. He feels, however, he has no control over the decision.

I'd like to get *off* the medications [laughs] but I have no real choice in it right at the moment. But I'm working slowly to come off of 'em. It's just a freedom [to] ... live your life normally compared to just being cornered-in since you don't have nothing, you can't get no where.

For a second tenant, feeling heard is extremely important. She is frustrated that staff do not take her safety concerns seriously, listen to why she needs her boyfriend to live with her, or consider her suggestions for improving support services. She feels she is a creative thinker and likes to share her knowledge, but does not feel heard. In discussing her belief that partners should be allowed to live with tenants if they choose, she says:

[Partners] should be allowed, but it's to the point that they're really anal about, like, what's been going on [with her live-in partner]. ...and you ... say, "I don't particularly like this [rule]." And they say, "well, we think you should move." Well, that's not the answer I'm looking for you know! ... Throw something at me where I can work at, right?

This same tenant expresses frustration at the lack of opportunity to share ideas and be heard.

Basically, they don't understand what I'm trying to say. And I get confused and then I get really frustrated.

For another tenant, decision-making is a mystery. He is unsure who makes decisions for the building and feels that they - whoever they are - do not understand what the building needs. He has strong opinions as to how the building could be run differently, but believes no one is listening. For this tenant, his inability to participate in decision-making is a source of a great deal of anger and frustration, especially since tenants appear to have had more decision-making authority in the past.

I should say, there used to be a guy named William that used to run this place and things were different. I don't take no shots at anyone. I think a lot of people calling the shots around here are bringing people in without knowing the situation.

He has two explanations as to why tenants are no longer involved in the decision-making around selecting new tenants: first, due to privacy laws:

Well, when a tenant was brought in, we'd ask them what they're like and ... but because there's this thing called privacy, ... that you're not allowed to ask them certain questions. That you're invading their privacy. So that's a little tough at times.

and second, because he is mentally ill and therefore incapable:

If we're to be part of that process, I would love to ask the right questions to them, but I'm not part of the process because maybe they think I'm too unstable for that.

Tenants deem exclusion from decision-making as extremely unsupportive. Without opportunities to contribute their voices to influence support service planning, tenants appear less likely to ask for, accept and receive support services that they value.

Tenants consider controlling, inconsistent and judgmental relationships that exclude tenants from decision-making unsupportive. These relationship characteristics reflect aspects of traditional, institutional-medical models of support that deny choice, control and participation in day-to-day or long-term service planning to mental health service users. Literature summarizing an institutional-medical model to support outlined a series of assumptions. These include mental health service users' inability to make the best decisions for themselves and the need for mental health services users to be medicated, but free from alcohol or illegal drugs (Grunebaum et al., 1999). The data from this study indicates tenants find this approach extremely unsupportive, as it does not work to enhance tenant independence, safety or security.

Unsupportive Housing Features: A Lack of Safety, Security, Privacy and Peace

Tenants interviewed in this study identify various features of supported housing as unsupportive. They recognize as least supportive supported housing features that decrease their safety including housing that lacks security, privacy and peace, as well as controlling, inflexible or absent rules and policies.

Lack of Safety, Security, Privacy and Peace at Home

Tenants speak of the lack of privacy in their home as particularly unsupportive.

Invading tenant privacy is of great concern to one tenant in particular.

We actually had one situation once where they knocked on the door and we ignored it. And the door unlocked. And the reason we were ignoring it was because we were in the middle of something important. [laughs].

While she appreciates a gift left inside her apartment, this same tenant again expresses concern about unexpected access to her apartment.

I am a little concerned about privacy issues and ah, security issues and ... like I said, I'm somewhat baffled at the fact that Ken and Russell [staff] would walk into my apartment with a tenant and leave a bunch of ... wonderful, excellent gifts for Christmas, but without notice or permission.

Five of six tenants connect visitors and IV drug users with a lack of safety and security in the supported housing project. They perceive IV drug users as the cause of problems such as theft and damage and believe IV drug users are more likely to let in visitors who cause problems.

Tenant: But these people that keep bringin' in these type of people who are damaging their laundry room, stealing a few quarters ... there's something that has to be replaced. It's like three to four hundred, six hundred bucks. For what? For five, six dollars worth of quarters? That's the kind of things that go on here. ... Makes you wonder what's gonna happen next? And that's what I'm like every night when I go to sleep. What's gonna happen next?

Another tenant offers an explanation as to how visitors are entering the supported housing project. She feels some tenants are too intimidated to deny entry to certain visitors.

MH: So do you feel that guests are a problem? Ongoing guests?
 Tenant: Yes. Big time. Because of the fact that a lot of these guests aren't guests they're street people. Right? They have no place to go and a lot of people in here are just ... we're either scared or doing what they want.

Another tenant connects an increase in IV drug users in the building to recent police "raids" and the closure of other apartment buildings by city officials.

Tenant: I'd say that there's been places around [the city] that have been raided. The house has been so *obvious*, now they're coming 'round here.
 MH: So you think there's some connection to some of the buildings that have been shut down and that's...
 Tenant: Oh yah. There is some connection I didn't say it in a direct way, but I saw somebody visit somebody here and I said you know ... now they're gonna spread because you ruined this, gonna ruin it for other people.

Another tenant describes feeling unsafe in her apartment, but trapped due to few options. Feeling harassed by unwanted visitors with no ideas of how to address the ongoing problem, her situation feels hopeless.

There are days when I'm here that I feel totally hopeless. ... It's just like, last night, I was ready to get myself down to [the psychiatric hospital] and put myself in there. Because I'm just ... what am I going to do? I'm running out of options. You know, I can't keep running ...

One tenant spoke frequently of the relationship between the turbulent environment in which he lives and his turbulent emotions.

[R]ight now I just feel all my best thoughts hasn't even come out yet because when you're not calm within yourself, kinda does somethin' to your head and you're thinkin' ... I don't know, like I said, when I go for a walk somewhere else and I go see somebody and I come back here, I feel like how I felt there, disappeared as I came here. And then I have to watch a lot of comedy shows just to laugh.

While tenants state they like where they live, some mention negative changes that have occurred since moving into the project. Negative changes within the project have had a powerful impact on some tenants.

Tenant: It'd be nice to be able to walk around this building, wake up in the morning, not have to see all these negative forces walking about here all the time. I find that last year in this ... I'm getting a little emotional right now ... [stops talking for a minute to regain his composure] ... um ...

MH: Take your time. ... It is very emotional. This is your home.

Tenant: Yah ... um ... it's pretty sad you've gotta wake up and see needles on Christmas day walking down here. I've been holdin' this too long.

This same tenant fears that if negative changes result in the supported housing project being deemed a "failure," it will mean an end to future projects. Able to recall a time when the housing project was quite different, he feels the model has great potential.

Tenant: Here's another thing that I wanted to say that if this is a pilot project, it would be great if other people would get into a place like this. But if this falls apart, it'll never spread. It won't.

MH: So it's a worry of yours that if [Astrid House] starts to go downhill, that you won't see other projects like this cropping up?

Tenant: I would *like* to see that. I would like to, but you can't have a project where things are getting damaged and you have to keep paying for all these damages right?

Although a private apartment brought tenants some sense of security, all six tenants describe experiencing a lack of safety, security, privacy and peace in their homes.

Tenants connect feeling a lack of safety, security, privacy and peace in their apartments to feeling unsupported. For tenants, visitors and IV drug users contribute to the lack of safety, security and peace in the housing project.

Unsupportive Housing Project Rules and Policies

A lack of rules and policies within the supported housing project leads some tenants to feel unsupported and unsafe, contributing to a lack of peace in the building. Two tenants mention there must always be rules and argue that problems occur when people do not follow them.

[Y]ou have to have rules. I did time, I've been on the street, you still have to have rules. Even in jail you have rules. For the guards. For the inmates. They're there for a reason. And ah, what pissed me off, ... what pissed a lot of people off ... [is] that the tenants that have some of their guests here, don't go by the rules.

Another tenant proposes a potential new policy of having staff available in the evening.

Tenants' sense of safety is decreased by the apparent inability to have staff available in the evening.

MH: ... you were saying that you've asked them [staff] about ... whether there could be 24-hour supports. I'm just wondering how you feel that would ... make it a more supportive place.

Tenant: Ah, like, you'd be safer at night. You don't have to fear walking in the hallway ... or going down to do your laundry.

Another tenant spoke of the housing project's security cameras as a good idea "in case something really horrible happens." But she also finds the cameras problematic because they make it more difficult to hide the fact that her boyfriend lives with her.

MH: You mentioned the cameras. ... [I]t sounded like something that made you a little bit uncomfortable. What do you think about that?

Tenant: I don't know. I'm ambivalent. Part of me likes the fact they're there in case something *really* horrible happens. The other part of me doesn't like being scrutinized every time I walk in and out of the building, walk in and out with him [points to her boyfriend]. ... given that I'm not allowed to have another person living here ... obviously that becomes a bit of a problem.

This same tenant emphasizes that her personal safety is one reason her boyfriend lives with her. Therefore, the housing project's policy prohibiting a live-in partner decreases her sense of safety and security.

I think it's downright wrong [not being allowed to have her boyfriend live with her]. I can understand how maybe the Ministry doesn't want to finance a roof over his head but I don't want him ending up underneath the bush at Gorge Park, frozen to death. ... But this particular man is my lover and I do find it a wee bit frustrating that I have to feel guilty about having him here ... and ... given that there is a bunch of violence that goes on, and ... a bunch of drugs that goes on, I *really do* feel safer with him being around.

Another tenant concurs that tenants should be allowed a live-in partner. She feels the policy does not recognize what her partner does for her.

We're all given the five days [for a guest to stay overnight] or talking to management if this person can be here [longer] ... [T]he management does not see what this person is doing for the other person. All he sees is there's another person here and they're breaking the rules. [They say], "what is going on between you two up there?" ... Well, yah, he's here. He's helping out. But he works too. You know?

With regard to visitors and IV drug users in the housing project, some tenants believe there are not enough rules or policies in place. Without proper policies in place, some tenants believe the housing project will remain unsafe as IV drug users leave needles in the building and “bug” other tenants.

Tenant: ...you can't expect people that have severe problems to overcome it by just being planted in a nice room.

MH: So housing's not enough?

Tenant: No, it's gotta be more than that. First, I do have an idea that if you wanted to get here, you have to clean up and have a regular test to see if you've been clean. It's [hard] finding needles everywhere in the place, they come and bug you all the time.

One tenant wishes there were strict rules banning visitors who cause damage and use IV drugs.

It's not the people that live here that bug me. It's the people that are the visitors or friends. ... Like when I had Chris here. I was responsible for Chris. For my guests. That's the way it should work here. We shouldn't have to put up with bugged up walls, and garbage all over the [building]. ... [N]ot from tenants, from idiot guests. ... Ok, like if I had a guest over, turned out to be a real asshole, started buggin' the other people, that sucker shouldn't be here.

Another tenant stresses the importance of flexibility when it comes to rules about drug use.

I'm ok with the 11 o'clock no loud music, curfew thing. Ah, people can have their friends over as long as they're behaving within the law. And, and obviously there's going to be a bit of toking and ... if somebody's smoking crack somewhere, it's not getting into my system, it doesn't bother me. Um, if somebody's smoking crack and they start smashing my door, waking me up at three o'clock in the morning, I'm not terribly happy about that. But I don't care if they want to do that in their place. But I'd like to sort of keep the illegal activities to a minimum.

Inflexible rules and policies are deemed unsupportive to some tenants. One tenant notes the balance between staff “controlling” and “supporting” when it comes to ensuring

tenants' safety. He does not want strangers in the building, but also does not appreciate having his movements, or those of his visitors, scrutinized.

MH: So there would be a little more supervision or security [in supported housing]?

Tenant: More supervision. To know "Who, who's there? Who's this? We haven't seen you? ... Where did you [go]?" You know?

MH: And you thought that would be a helpful thing for you?

Tenant: No, no, no, no, no. [I]n a ways, it's helpful for me. The way they're protecting us. No strangers are around. But no, my family are not strangers. ... [I]t's a little bit too much. ... I feel controlled. I'm a little bit in jail kind of.

Rules and policies obviously have the potential to both increase and decrease feelings of safety and security for tenants. Having to obey a rule or policy that does not make sense to tenants may impede their ability to feel safe and secure in their homes. However, tenants also fear that breaking a rule (such as the "one tenant per apartment" rule) may result in serious consequences and therefore go to great lengths to hide the fact they are breaking a rule.

The significance of safety and security for tenants is consistent within the literature. Studies outline the importance of safe community and private spaces for mental health service users. While data from this study are consistent with this research, tenants also highlight the importance of securing one's possessions as well as linking safety and security to housing project rules and policies.

Tenants view housing that lacks safety, security, privacy and peace as well as controlling, inflexible or a lack of rules and policies as unsupportive. They identify some rules and policies, a chaotic environment, IV drug users and visitors as contributing to a reduction of safety and security in their private apartments and in the housing project in general. However, as previously noted, tenants also identify a private apartment and

certain rules and policies as supportive. From the significance tenants give this topic it is clear supported housing planning and policy development must consider tenant voices to ensure the enhancement of tenant safety, security, privacy and peace in supported housing. Tenants have many thoughts on the existing rules and policies and could prove an excellent resource in the development and re-examination of rules and policies seeking to increase tenant safety and security.

4.4 Notions of Individualization and Personal Responsibility

In their own way, all six tenants express a belief they must address their troubles themselves, minimize their need for support and be personally responsible for their past, present and future. This notion is articulated in various ways: through a belief that tenants should accept or “deal with” difficulties themselves; the importance of not “taking advantage” of support; a lack of expectation for support; the notion that they deserve the various troubles they face; and their perceived need for continuous personal improvement. These notions of individualization and personal responsibility act as a barrier to tenants’ seeking and accepting valued supports.

Look After Problems Yourself

Three tenants express a belief that ideally, they ought to look after problems themselves. One tenant states he will ask for support only if he must.

Tenant: If I do have a problem, ... if someone really gets to me, ... I won't run to Ken and Russell [staff], I'll take care of it [with an assault] like I did with Alex. [laughs] That might be a stupid answer but I'll take care of the problem myself. I won't run for help.

A second tenant mentions she would expect to repay any support received.

MH: Do you ever ask for support here at Astrid House?

Tenant: I suppose if I *really* needed someone to help me hang a picture I might ask Ken or Russell [staff], but they can be a bit stern. But, I don't need to. And I can do pretty much most of the stuff that I require on my own.

MH: So, you might ask for support for a few things, but on the most part you don't need to.

Tenant: Well, but I would expect to repay.

Like the others, a third tenant states he does not ask for support, but that at times, when it's *offered*, it can prove extremely helpful.

[I]t was only just when someone had asked me if I wanted a hand going up a little bit further into this ... that I gotten it. Other than that, I would probably still be living on the street right now.

Two tenants mention the need to become tough, not be intimidated and not to expect protection from others.

You gotta be direct. Show you're scared or you're whatever, you're beat. ... Like I said, I've run into a lot of violent people in my life and it kinda toughened me up. Sometimes it's not ... you gotta be careful where you take that so called toughness. Toughness is in your spirit. People think it's all just your muscle and how you beat someone up. Nah, that's not toughness.

It is interesting to note that four of six tenants state they did not ask for, apply, or expect supported housing. These four tenants were *offered* supported housing and, as mentioned within previous themes, all state they benefit from and appreciate some aspects of support their housing provides.

MH: [W]hen you applied, or originally talked to that person at the registry, what kind of support were you expecting at Astrid House?

Tenant: I wasn't actually expecting any support. I was just looking for a place and they had asked me if [I] ... wanted ... help, ... so I just took the help. But I wasn't actually looking for support. It was just something that came across.

When offered, tenants may accept support. However, the importance of being tough, dealing with problems on your own and not expecting support appear as significant themes and barriers to seeking out valued supports.

Do Not Take Advantage

Four tenants discuss the importance of not taking advantage of support offered or received. This seems to be especially important when few opportunities are available for tenants to reciprocate. In general, it appears tenants feel that when support is received they should repay the “favour.” One tenant mentions he was pleased to have been offered work as he wishes to reciprocate for assistance that his potential employer gave him in the past.

Tenant: And the good thing is, he hired me. I will start working.

MH: Who did?

Tenant: Joseph [director of local agency]. ... Joseph said, “I will hire you, but you have to have a crystal clear mind.” ... I said, “I’ll think about that.” ... [B]ecause he helped me too.

Another tenant mentions working anonymously around the building in an effort to contribute.

I’ve washed the handrails in the hallway, I’ve vacuumed a wee bit. Um, I’ve done some scrubbing of the floors and you know, just little things. I actually, quite frankly, prefer to do it as anonymously as possible.

In each interview, when asked questions regarding receiving support from others, tenants’ stress they do not only *take* support. At times, when asking about supports received, I felt the tenant’s discomfort – as if I was suggesting they were taking advantage. The desire to not take advantage, or be taken advantage of, appears an important aspect to supportive relationships. Some tenants seem to have created their own ideas of when support ends and taking advantage begins. While they utilize

supports, tenants appear concerned too much support will mean they are taking advantage.

MH: And do you receive that kind of support at Astrid House?

Tenant: Ken, Russell, other workers that come in. I know all them. Yep, I do.

MH: So you get what you expected?

Tenant: ... Yep, I know it's there.

MH: You expected something and you got it.

Tenant: I didn't really expect ... [L]ike, I didn't move here to mooch off of Robert [past support worker] or beg him.

As previous noted, tenants seem to have few opportunities to reciprocate in relationships with staff. This appears to make it difficult for tenants to ask for support they feel they cannot return. Opportunities for tenants to give back may help tenants feel less like they are taking advantage and increase the likelihood they will ask for and receive support they deem most valuable.

Keep Expectations Low

Keeping expectations low is a common theme for five tenants. This means accepting what they have as good enough, living with or getting used to problems, and tolerating the "realities" of poverty. Two tenants appear to feel they must tolerate, live with or get used to troubles and challenges in the building.

I don't let things try and get to me. ... [Y]ou got to learn to deal with it.

Tolerating troubles may mean doing without the things they need:

MH: Do you ever ask for support here at Astrid House from anyone?

Tenant: No. ...

MH: Did you ever, in the past, ask for support?

Tenant: No, not really. I was never really one that would ask for things. If I didn't have what I didn't have, I just went without.

or tolerating unsupportive rules and policies:

Tenant: It's kind of strict. Like soldiers. ... [H]e reminds me of Frontier Housing. Richard. The manager. Ohhhhh! "Wow," I said. "Another Richard then." My mind was thinking, "I'm gonna run away from the cage to go into a cage?!"

MH: Did it make you think maybe you don't want to move in?

Tenant: Honestly, yah. But then I got used to it.

Another tenant emphasizes while he does utilize support from staff, there are some things he would never ask for.

MH: What kinds of things do you ask for?

Tenant: [laughs]. ... Well, like when I was sick last week. On Friday. I asked Russell [support staff] ... I said, "I'm really thirsty. Do you think you could find me a pop?" 'Cause I was too full of coffee. He came back with six pop. You know, just very simple but he did that. More as a friend. Just simple things. Knowing that just like having a friend that is there. ... I don't take advantage. I know it's there. Just to know it's there is good enough. But I ain't goin' force it and say "I need a ride to the liquor store or something." [laughs]

Finally, another tenant describes the futility of dreaming of a better life when, in "reality," only so much support will ever be available.

MH: So if there was unlimited money and unlimited donations, what would be involved with supported housing?

Tenant: Well, I never thought of that. ... Because like I said, I lived on the streets. The streets gave you what you had to work with. That's all you get. I still live sort of on the streets but I've cleaned myself up over the years, but you still live with what you get and that's all you get and that's all you can deal with. ... Nope, never gone to the dream world. ... I understand that people have issues and people would like more and people could hopefully get more.... [Y]ou can ... hope, wish and dream ... but in reality, there's only so much you can do.

The tenants who describe the importance of keeping expectations low have learned to accept what they have as good enough, live with problems and tolerate the "reality" that only so much support will ever be available. Keeping expectations low also means not counting on support and not taking advantage of what becomes available.

Only Yourself to Blame

Five tenants describe their belief that people deserve any troubles they may face. This belief applies not only to others, but also to tenants themselves and appears based on the notion that each person has choices to make. If a person makes a “bad” decision, they have only themselves to blame. Tenants apply this rule to friends, visitors and tenants deemed problematic in the building. If these friends, visitors or tenants are having troubles, it is because of their bad choices.

MH: So what you do for others is be open-minded, non-judgmental...

Tenant: Very. Very. Like, throw some of those theories or different ideas from the different angles at them. Say, “it could be like this or it could be like that. You have choice.” And tell them they *have* the choice. You don’t *have* to be ... There’s a choice.

A second tenant disagrees with a perceived tendency of others to blame their parents for their upbringing.

Even though I don’t talk to a lot of people, if I got a few minutes or I see somebody in trouble, I try to give them advice. ... I find that I have a lot of good things to say, but it’s hard to put it in somebody else’s head. You can give people advice, it’s what they work with it. It’s like, ah, your mom and dad raise you and if you mess up, you can’t blame your parents.

Other tenants note their own troubles as directly connected to the poor choices they have made. They are attempting to make clear no one is to blame but themselves for struggles such as homelessness, unemployment, problematic visitors or eviction.

Then I didn’t have a place to stay for a while. I ... slept in a parkin’ lot with a carpet on me. Slept in bus stops. Ah ... slept in a place where I worked in the janitor’s closet for a while. Some of it was my own fault. ... I don’t blame no one. Foolishness. You know? We all make bad decisions.

Another tenant also takes full responsibility for his unemployment, homelessness and alcoholism.

I never went to the housing registry before hand. It was always just my own choice. ... I was living in the Sally Ann's [and] the Sally Ann's kept telling me, "go get welfare because you don't have no money. You're not doing nothing. Get out of here." [laughs] ... I went down to the welfare and I signed up for it and all that stuff and ... then I just started moving and then I had gotten temporary jobs ... and I would end up in the bar drinking anyways. ... [laughs]. It didn't do too much of a good circle.

These tenants stress the belief that individuals deserve the struggles they face, such as unemployment, poverty and homelessness, due to their poor choices and bad decision-making. They do not consider alternative systemic explanations such as discrimination, a lack of affordable housing or a low income. No matter if there are few options to choose from; if you make a "bad" decision, you have only yourself to blame.

Quest for Ongoing Improvement

Four tenants describe the importance of continually seeking to improve and learning from mistakes. The quest for improvement seems linked to tenants' belief that they are wholly responsible for past troubles, present predicaments and future potential. For tenants, offering opinions, taking advice and learning from mistakes can aid in the goal of self-improvement.

Two tenants describe their goal of improving and moving up. For them, supported housing, volunteer work and determination are rungs of a ladder toward self-improvement.

Well, you move in ... you're always starting from the bottom. There's nowhere to go any lower but up. So ... if you can climb that ladder and get up high enough up there. ... And then I go volunteer work here. ... I call it volunteer work basically because I don't get much, but it's an experience stone compared to just sitting there doing nothing. ... Just gotta climb that ladder, it's just a climb. And then when you make it to the top you gotta hold it.

For another tenant, it is important to keep pushing yourself “forward,” despite extreme challenges and crises.

And I've seen some people that, ahhh, ...they looked like they were gone. See you later! And somehow they picked themselves up. It's almost like whatever comes your way, you got to keep goin' forward.

This tenant emphasizes the importance of learning from your mistakes in order to grow – which for him means becoming tough in preparation for a combative world.

It's like I remember being young and naïve and peaceful and all that. The world now, it made me combative because of situations I've been in. But it's making me more wiser now. It is. You have to. If you don't get wise to anything, you can't grow. Period. I don't care who you are.

The quest for ongoing self-improvement involves accepting advice and learning from mistakes in an effort to continuously “progress.” There is no consideration of alternate factors that may interfere with this quest for self-improvement nor do tenants critique the goal of self-improvement itself.

These findings suggest an internalization of key features of the neoliberal emphasis on individual entrepreneurialism and personal responsibility as well as a definition of independence as the absence of reliance on others. As previously noted, one of the roles of community psychiatry professionals has been to “empower” clients by teaching them to become responsible for themselves (Rose, 1996). Advanced liberal messages of individualization and personal responsibility demonizing dependency likely play a role in dissuading tenants from seeking the very supports they deem most valuable. Tenants do not claim they have been told not to seek support, rather these messages seem to have been internalized. Tenants apply messages of personal responsibility both to themselves and to others. The belief that they must address troubles themselves and be personally responsible for their past, present and future combine to suggest to tenants that support

leads to dependence, clearly given a negative connotation. Notions that one should not expect support, that asking for support is shameful and generates dependency, that one must work to continuously “improve,” or that tenants are personally responsible for their troubles, appear to dissuade tenants from seeking support deemed most valuable.

Summary

This chapter has identified various aspects of relationships and resources that tenants deem supportive and unsupportive. Relationships and resources enhancing tenant independence and control, safety and security were deemed most valuable by tenants and reflect characteristics of love ethic theory. Resources deemed least supportive decreased tenants’ sense of safety and security in their home. Unsupportive relationships reflect characteristics of traditional, institutional-medical approaches to support that involve decreased tenant control. Finally, notions of individualization and personal responsibility appear to have been internalized by tenants, resulting in a reluctance to seek out the very support tenants identify as most valuable.

An important finding is the connection tenants make between being excluded from decision-making, for example regarding housing project policy development, and feeling judged and controlled by others. Attempting to control the behaviour of tenants inhibits the development of supportive relationships. Including tenants in decision-making helps make certain tenants have greater control over the direction of their lives, increasing their feeling of independence. It also gives tenants opportunities for reciprocation as they contribute to the well being of their housing community. Finally, tenants share their ideas for increasing the safety and security of the housing project, a high priority for them. Staff and management efforts to plan support services and ensure the safety and

security of Astrid House, would no doubt find a precious resource in the tenants themselves.

CHAPTER 5: DISCUSSION



Figure 1: Tenant Participation in Decision-Making: Enhancing Independence, Relationships, Resources, Safety and Security

5.1 Introduction

In this chapter, the meanings of support discussed Chapter Four are used to generate a basis from which to explore how policy and practice could shift to better meet the needs of tenants. The concepts of independence, support versus control, relationships and safety are linked and interwoven, demonstrating the need to ensure space for tenant voices in decision-making regarding supported housing policies and practice. The discussion centres on the finding that above all, tenant participation in decision-making is essential to ensuring the development and maintenance of supportive relationships,

increased independence and control, safety, security, and access to material resources [see Figure 1, p. 93]. Key themes identified in the data include contradictory notions of independence, the balance between support and control, the role of relationships and safety and security in the supported housing project, as well as a discussion of what was missing from the data and reflections on future research.

5.2 Independence: Contradictory Messages

Tenants are clear in their desire for increased independence and control. However, the data also indicate tenants understand “independence” in two, seemingly contradictory ways. On the one hand, they express a desire to be free from external controls and to have access to increased choice. Tenants identify various supports that help them achieve the goal of increased independence including an apartment, rides to grocery shopping and being included in decision-making. Yet on the other hand, tenants also understand independence as not asking for or accepting support. This second meaning of independence can create feelings of shame as many tenants find they must ask for and rely on various supports to achieve the first meaning of independence: gaining control over the direction of their lives. To avoid these feelings of shame, tenants often attempt to limit the frequency of asking for and receiving support. One important example from that data is while all six tenants identify a safe, private and secure apartment as supportive, only two tenants actually applied for supported housing. The data demonstrate the implications of tenants experiencing contradictory messages about independence: *not asking for or rejecting* the very support they identify as potentially enhancing their relationships, supported housing environment, control, safety and access to various material resources.

Neoliberal notions of individual entrepreneurialship and personal responsibility appear in the messages tenants have internalized about independence, understood as living without a need for support. As Rose (1996) points out, professionals have focused on teaching clients diagnosed with a mental illness to be responsible for managing themselves as well as how to cope and self-manage through techniques framed as re-empowerment. Secker et al. (2003) note the emergence in Western nations of an ideology of independence defined as the ability to function unaided that must be pursued, even when it causes harm. It is not surprising that tenants frame “independence” as not requiring support.

An alternative view of independence looks at “being able to exercise control over whatever help is required in order to achieve chosen goals and objectives” (Fine & Glendinning, 2005, p. 610). This definition of independence mirrors tenants’ first meaning of support: a desire to be free from external controls and have access to increased choice. Love ethic theory is reflected in this view of “independence” as loving action involves helping another to grow in his or her own way. Fine and Glendinning also refer to Collopy (1995) who differentiates between “decisional autonomy” (the ability to make decisions) and “executorial autonomy” (the ability to carry out decisions). Tenants have the desire to make decisions regarding their lives, even when they cannot carry out the decisions without assistance. However, when faced with powerful messages of individualism and personal responsibility, it is no wonder tenants reject or rarely ask for support deemed valuable.

Support staff can play an important role in challenging the notion of independence as living free from support. Rather than “exchange-reciprocity” (where a tenant might

expect to return support to the same individual they have received support from), “connection-based equality” recognizes a broader set of social connections providing support to a range of individuals at different times (Kittay, 1999, pp. 67-68).

Relationships and resources that provide opportunities for tenant participation and reciprocity over time, both within the housing project and outside, would help tenants to recognize themselves, as individuals and within their community, as interdependent. In addition, allowing tenants increased choice and control over day-to-day decision-making would allow tenants to exercise their decisional and executional autonomy. This way, accepting support is not framed as the relinquishment of autonomy, but rather support becomes a means to facilitating *increased* decisional and executional autonomy.

Whether defined as free from external controls or as not asking for support, tenants who view independence as an ideal face another contradictory message. At the same time tenants believe they are personally responsible for their troubles and must look after problems themselves, they are also living lives involving limited choice, control and options (e.g. a limited, fixed income, medication, limited options regarding housing, staff monitoring their visitors, support as defined by others, etc). Given their limited resources, it is no wonder tenants find it difficult to achieve independence understood as being personally responsible and looking after problems themselves. During the 1980s and 1990s, as social programs became framed as creating a system of dependency, neoliberal governments cut or brought an end to funding for many social programs (Rice & Prince, 2001, pp. 111-112). While tenants have internalized the message that they should be independent and look after problems themselves, cuts to services such as income assistance and affordable housing limit their ability to do so.

While recognizing the importance of supportive relationships involving mutuality and interdependence, Fine and Glendinning (2005) remind their readers of the critical role the state must play in addressing systemic inequalities.

[N]otions of ‘help’ and ‘interdependence’ cannot, however, deal adequately with the problems of inequity and lack of personal capacity that still need to be addressed. Moreover, both terms pose the issue as inter-personal and effectively preclude the role of the state in managing risk and regulating resources and behaviours. ... While the idea of mutual aid based on values of friendship suggests a pleasing and spontaneous willingness to provide assistance, there is no sense of the need for long-term commitments; nor a sense of urgency, need or priority in establishing claims for assistance. ... This approach, therefore, while initially appealing, suggests a deeper unwillingness to confront the harder issues involved in making political, economic and more claims for ongoing support (p. 611).

The contradictory notions of independence experienced by tenants cannot simply be addressed through self-discovery or interpersonal relationships. The state has a role to play in ensuring tenants in supported housing can achieve independence through increased choice, control over their lives and opportunities for “connection-based” reciprocity.

5.3 A Fine Balance: Support Versus Control

The data demonstrate that for tenants, there appears to be a fine balance between support and feeling controlled. When tenants suspect staff are attempting to control or monitor their behaviour, they are wary of accepting this support. For example, when staff enter tenant apartments without permission or monitor their movements, they are viewed with suspicion, frustration and distrust. These negative feelings toward staff decrease the likelihood tenants will ask for or accept staff support. I am reminded of my original dilemma as a support worker: attempting to control tenant behaviour in an

attempt to ensure “peace” in the building and achieve an environment where I could support tenants differently. While over time I came to recognize my attempts to control tenants and the housing project as futile, I had not clearly identified my own role in *maintaining* the very challenges I had hoped to change. The results of this study demonstrate that supporting tenants by trying to control their behaviour only increases the likelihood tenants will avoid, distrust or greet staff attempts at support with suspicion.

For Rose (1996), attempts to monitor and control mental health service user behaviour are community psychiatry’s new mode of surveillance and risk management. Rather than “a place to cure,” community mental health services such as supported housing become “a container for the most risky until their riskiness can be fully assessed and controlled” (p. 16). For tenants, attempts at control and monitoring do not go unnoticed and are deemed extremely unsupportive. Some tenants have accepted surveillance as a part of life in supported housing. Regarding cameras at Astrid House, one tenant states: “Part of me likes the fact they’re there in case something *really* horrible happens. The other part of me doesn’t like being scrutinized every time I walk in and out of the building.” While this tenant feels the cameras will record dangerous activity, she does not indicate they *prevent* it. In fact, studies have shown that while surveillance cameras change the way crimes are committed, there is little evidence that they prevent or reduce crime (Short & Ditton, 1998).

While tenants clearly find attempts to control their lives unsupportive, this does not mean a rejection of support. Love ethic theory demonstrates the supportive qualities of loving action. These include working toward trusting, compassionate, respectful and committed relationships that further individual and community growth. Tanzman’s

(1993) study stresses the need for supported housing staff to provide support in a *flexible* manner. Her study indicates “a consistently strong preference for supports that are available on an as-needed basis, ... [underscoring] ... the importance of autonomy and control to respondents” (p. 453). Nelson et al. (1997) also examine the issue of flexibility and support. In their research comparing group homes and supported apartments, they found supported apartments more likely to promote tenant choice and control, but at the expense of a variety of support services. They ask their reader to consider the possible tension between support versus tenant choice and control; and note that at any given time individual preferences may shift. For Nelson et al., the challenge is “how to provide people with the support they want *and* choice and control over their housing” (p. 183).

The data from my study point to possible means of addressing this dilemma: tenants, staff and management working together to develop supportive relationships and resources that, while acknowledging the needs of the housing project as a whole, are guided by the needs and wishes of tenants. There need not be a tension between “support” and tenant “choice and control” such as Nelson et al. suggest, as the concepts are not mutually exclusive. The balance between providing support and enhancing tenant independence and control, again speaks to my dilemma of how I was to “support” (understood as trusting, loving relationships) when my job seemingly involved attempting to manage tenant behaviour. If support for tenants is about increased independence, choice and control, staff attempts to manage tenant behaviour will only work to build barriers to support. It seems apparent that providing relationships and resources tenants deem unsupportive works to inhibit the development of supportive relationships that enhance independence, control and safety – key meanings of support for tenants.

Supported housing, as a part of the community mental health system, does include features of mainstream mental health services including managing behaviours, risk and compliance with medication. However, throughout this research, tenants have made it clear that “support” which attempts to control and monitor their movements is viewed with suspicion, frustration and distrust and only decreases the likelihood they will ask for or accept other support deemed valuable. Supported housing can and should be a space for meanings of support based on mental health service user preferences and love ethic theory – practices which involve building relationships, rapport, trust and allowing tenants greater control over decision-making should they chose.

5.4 Sequence of Events: The Role of Relationships

Tenants speak to the importance of relationships that involve appreciation, the recognition of one’s intelligence and knowledge and feeling heard. Opportunities and space for tenants to share and implement their ideas for supported housing would go a long way toward enhancing relationships between tenants, staff and management. The development of supportive relationships, as defined by tenants, is critical to creating a context in which other supports can develop and be accepted by tenants. Defined by tenants, supportive relationships enhance tenant independence and control, safety and security through trust, consistency, encouragement, guidance, recognition, opportunities to share knowledge and inclusion in decision-making; and without inconsistency, judgement, attempts to control behaviour and labelling. Working to achieve supportive relationships that incorporate these characteristics would help ensure tenants are willing to accept other support deemed valuable.

Loving relationships involving care, responsibility, respect and shared knowledge are important to ensuring tenants ask for and accept support deemed most valuable. Tenants who feel support is offered and available based on concern for their growth and quality of life, expressed and unexpressed needs and an effort to understand them as they are, in their uniqueness, appear less likely to feel suspicion, frustration and distrust toward staff. Loving relationships work to build a connection between individuals and communities that may help transcend notions of independence understood as a need to live with without support. Feeling confident their needs, interests and priorities are in the forefront, tenants will be more likely to express their needs and participate in decision-making that works to increase their safety, security and independence. The creation of loving relationships must be a central priority for staff working in supported housing projects.

5.5 Safety and Security

Tenants identify safety and security as a key component to support in supported housing. They connect visitors and IV drug use in the building to feeling a lack of safety and security. The data from this study highlight an association between feelings of safety and security, and rules and policies. Tenants shared many thoughts of ways in which safety and security might be enhanced at Astrid House, however they also stressed they found it difficult to voice their concerns and ideas to housing project staff or management. It seems essential that in seeking to enhance safety and security, staff and management work to develop supportive relationships with tenants; include tenants in decision-making; and support notions of tenant independence that are about increased tenant control and choice rather than becoming free from support.

Tenants, including those self identified as IV drug users, spoke of their frustration with IV drug use in the building. A number of tenants stressed fear for their safety while others felt increased IV drug use in the building leads to feelings of hopelessness and helplessness. Tenants also expressed frustration that not enough was being done (for example, the creation of specific rules and policies) to decrease IV drug use at Astrid House.

It is important for “drug use” to be examined in a broad context. One tenant spoke of his desire to no longer take his anti-psychotic prescription drugs. For this tenant, prescription drugs are signs of illness and a barrier to a “normal” life. Anti-psychotic drugs also symbolize his lack of control as he feels only his doctor can decide when he no longer requires his prescription. Ironically, while referring to tenant stress in dealing with problematic drug use at Astrid House, another tenant notes that “[m]ost people here have to take all these heavy medications to go to sleep or deal with their life.” While it is possible both the illegal and legal drugs may be taken to help a person “go to sleep or deal with their life,” tenants deem only legal drugs “medication.”

All six tenants, including one self identified IV drug user, consider certain aspects of drug use (such as discarded needles, numerous “visitors,” theft and damage associated by tenants with drug use and sales), problematic. None of the six tenants specifically refer to drug use itself as problematic. One tenant sees marijuana use as unproblematic and questions the logic of laws making marijuana illegal, even though she says she “[doesn’t] even take anymore.” For this tenant, it is only when drugs become associated with violence that they concern her.

Another tenant connects police “raids” and the closure of nearby apartment buildings known for illegal drug activity, as leading to increased “visitors” and IV drug activity at Astrid House. While frustrated with the level of drug activity, he is also highlighting the minimal housing and resources available to IV drug users. This tenant also considers the lack of staff action and support for people with addictions problematic. As the research participant *most* critical of drug use at Astrid House, he also feels that “if they got help [at Astrid House], I say all the power to them.” Another tenant connects increased IV drug use with the lack of funding for evening and overnight staff, while a third links the issue to decision-makers who do not understand what Astrid House needs. These tenants point out the link between neoliberal policy decisions and IV drug use at Astrid House.

Tenants describe relationships and resources that increase safety and security as supportive. They also connect increased drug use with feeling a lack of safety and security. In considering implications for practice, it is important to think about the possibility that tenants might invite visitors into the housing project or their apartment *because* they do not feel safe. It is possible the very visitor one tenant allows into the building in an effort to feel safe, becomes the source of unsafe feelings for another tenant. Staff, management and tenants must work to understand the varied reasons why visitors are prominent in the housing project, as a greater understanding would help work toward increased safety and security for tenants.

It is also important to consider the impact of the lack of housing and private space available to IV drug users. Responses to public IV drug use and discarded needles have tended to focus on “street-based enforcement, ... increased surveillance and the installation of barriers and sensor lighting, ... displac[ing] drug users to other locations”

(Kerr, Kimber & Rhodes, 2007, p. 2). In addition, social housing is rarely available to IV drug users (Evans & Strathdee, 2006; Morrow, 2006). According to Evans and Strathdee (2006),

most social housing is not built with this group in mind and is not staffed adequately to meet this need. Most landlords find housing this group stressful and demanding. Police often encourage eviction as a means of managing behaviour. This leaves hundreds of addicted, mentally ill, poor and physically compromised adults homeless (p. 116).

Providing private spaces to IV drug users, such as social housing and safe injection sites, would go a long way toward addressing the health and safety of IV drug users in addition to community concerns, including those identified by the tenants participating in this study.

Providing housing to tenants with substance use issues without requiring abstinence is a part of a harm reduction model. Consistent with love ethic theory, harm reduction practices “[break] through legends and myths” and accept drug users as they are (King Jr., 1963, p.2). While not requiring abstinence, harm reduction is an important component of the continuum of drug treatment. Defined in a recent Canadian Mortgage and Housing Corporation study (2005), “harm reduction is ... an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole, without requiring abstinence” (p. 1). The authors conclude that housing is an essential component to harm reduction and that “policies and programs for addressing homelessness should be expanded to allow for a ‘housing first’ approach so that people who are homeless can have direct access to permanent housing, with supports as needed and wanted” (p. 4).

Astrid House must seek to ensure the safety of *all* tenants, as reducing harm for the substance user is as important as reducing harm for the community as a whole.

Including tenants in decision-making would quickly highlight various policy and practice changes that would increase tenant safety and security. Forms of tenant participation in decision-making, such as tenant meetings, would also give all tenants the opportunity to develop a shared understanding of each other's experiences and concerns. From the data, including tenants in decision-making would result in recommendations such as funding for evening security in an effort to increase tenant safety and security as well as to decrease theft, damage and illegal entry to Astrid House. Tenants also describe a desire for specific supports for IV drug users. Future research exploring various meanings of support specifically for IV drug users could prove beneficial.

5.6 Tenant Participation in Decision-Making

The data from this study indicate that above all, *opportunities for tenant participation in decision-making is essential to ensuring the development and maintenance of supportive relationships, increased independence and control, safety, security, and access to material resources.* Ensuring tenant participation in decision-making must also recognize the needs of the housing project in general. Tenants, staff and management need to develop flexible policies and practices that ensure a safe and supportive living and working housing environment. In fact, tenants emphasize the need for rules at Astrid House. As one tenant put it, "you have to have rules. I did time, I've been on the street, you still have to have rules. Even in jail you have rules. For the guards. For the inmates. They're there for a reason." Tenants, staff and management can work together to develop a shared approach to deciding what support means. By working together, tenants, staff

and management come to understand the needs and goals of the other, ideally arriving at mutually agreed upon rules and policies based on caring, shared knowledge, responsibility and respect.

The practice of supported housing staff and management consistently inviting tenant participation in decision-making is vital. Tenants must feel confident their voices are being heard, valued and their participation is important to the development of housing project support practices and policies. Whether tenants chose to participate or not (the right to participate must also include the right *not* to participate), the data from this study point to the importance of ensuring tenants have opportunities to share their knowledge and have it recognized.

To help ensure a definition of independence involving increased tenant control (as opposed to being personally responsible for their troubles), it is essential tenants are invited to share their experiences within decision-making processes. For example, tenants might point to the challenge of maintaining optimal health without access to affordable, accessible and reliable transportation to medical appointments or enough funds for healthy food. Tenant participation in decision-making would be an important component to increasing their independence and control.

The tenants who participated in the study emphasized a desire for supportive relationships involving trust, consistency, encouragement, guidance, recognition, opportunities to share knowledge and be included in decision-making; and without inconsistency, control, judgement and labelling. Including tenants in decision-making would serve as a means of ensuring other meanings of support such as recognition,

encouragement, a lack of control and judgement. Participation in decision-making would also help tenants build trusting relationships with staff and management.

Involvement in decision-making would also go a long way toward ensuring increased access to material resources for tenants. Including tenants in decision-making regarding their income, housing, safety or health needs, would increase the likelihood tenants would receive supports they deem most valuable. It is important to note that while tenants identify material resources as supportive, material resources were deemed no more valuable than other identified supports such as relationships. The data indicate tenants would be as likely to stress the need for supportive relationships, safety and security and independence and control as they would for increased material resources.

Tenants identify safety and security as top priorities and would be a valuable resource for developing ideas to increase safety in the building. Some tenants spoke of the *lack* of rules as creating an unsafe environment while others had opinions as to which rules should be in place to ensure a safe, secure environment. In addition, tenants are unlikely to respect or follow rules that decrease their feelings of safety and security or are forced upon them without consultation (for example, the rule forbidding more than one person per apartment). Enforcing rules without flexibility or consultation creates negative feelings about rules for tenants and potentially hinders their safety and security.

5.7 What's Missing?

In addition to a discussion regarding findings in the data, it is also important to consider what was missing from the data. A review of the literature on mental health service users' perceptions of support in supported housing found aspects of support not seen in the data. For example, the data from this study did not reveal emphases on the

subsidy component of supported housing, increased spending money, nor a desire for increased community integration inside and outside tenants' housing community.

Resources

From the importance given in the literature to increased financial resources, it was initially surprising to find little reference to support as a subsidized apartment or increased spending money in the results of this study. No tenants made note of the subsidy included with tenants' housing when describing meanings of support. Tenants rarely linked support to money and one tenant specifically mentions that, "money isn't a major thing because you only get it for so long anyways." Exceptions include tenants who describe a friend or support worker purchasing items such as coffee or cigarettes for them, as well as references to having utilities such as electricity, a phone or cable television included in their rent. Three explanations can be suggested for why these results transpired.

First, from the importance tenants give safe, secure and private housing, it is likely this is where their priorities lie. The participants in this study had been chronically homeless prior to living in this housing project. Having been without housing for some time, the need for safety, security and privacy would likely be extremely powerful. Considering their past, as tenants reflect on meanings of support, it is no wonder the desire for safe, secure and private housing dominated tenants' responses as they considered meanings of support.

Secondly, due to chronic homelessness, each tenant would have survived for some time only on their income assistance "support" funds while homeless (in British Columbia, "shelter" funds are only issued to tenants paying rent). Only after moving into

subsidized housing would they have been eligible to receive the “shelter” portion of their income assistance. Since rent at Astrid House is only slightly higher than the “shelter” funds available for people on income assistance, they would not have noticed much of a decrease in their available “support” monies. This may partly explain the lack of reference to a subsidy or additional financial resources as supportive.

In addition, these previously homeless tenants live with mental illness and addiction. It is possible they found it difficult to secure and/or maintain housing in the private market. They may have had little experience paying the high rents they might have paid for a bachelor apartment in the private market and therefore would have little to compare the subsidized rate to.

Community Integration

While some tenants note an appreciation of the friendships made at Astrid House, they made little mention of a desire for enhanced community integration inside the housing project. As well, only one tenant linked the potential for social activities at Astrid House with support. Tenants did note the value of paid and unpaid work (both inside and outside the housing project) and maintaining relationships with family. However, community integration outside the housing project was also not prioritized by tenants.

There are four possible explanations for the discrepancy between the literature stressing the importance of community integration for mental health services users, and the data. First, the data demonstrate that safety and security are prominent themes for tenants who are clearly feeling unsafe in the building. If tenants perceive the common area as unsafe, it is doubtful they would consider this room as a potential space for

tenants to safely gather. Tenants also describe feeling hopeless and angry regarding the current state of the housing project, feelings which may decrease the likelihood they would wish to participate in activities that promote community integration.

Second, tenants have internalized advanced liberal notions of individualization and personal responsibility. While some connect friendship with support, tenants generally describe feeling that they must look after problems themselves, should not take advantage of opportunities and have only themselves to blame for the troubles they face. These notions of individualization and personal responsibility may lead tenants to dismiss the possible benefits of increased community integration.

Third, tenants describe feeling controlled, judged and not heard by staff. Considering tenants already feel unsafe in their homes and unworthy of support, tensions between staff and tenants would likely be another significant barrier to tenant desire for community integration. In addition, without first developing trusting relationships, staff attempts to promote tenant community integration would likely be extremely challenging.

Finally, it is possible that after experiencing chronic homelessness, tenants' current desire for privacy outweighs their desire for community integration. While "getting along" with other tenants inside the housing project was deemed important to some tenants, supports that enhance tenant integration into their housing community were not prioritized. Perhaps over time, once tenants feel safer and there are mechanisms in place for tenants to exercise their voices, their desire for community integration will increase.

The lack of interest in participating in focus groups as a part of this research project is perhaps another indication that tenants' do not connect community integration with support. As noted in Chapter Three of this thesis, interested research participants were

initially offered the option of a one-on-one interview or a gender-specific focus group of up to four people. Each tenant offering to participate chose the option of a one-on-one interview. In light of the data, the lack of interest in focus groups is not surprising. Key research findings include tenants not feeling safe or heard at Astrid House. In addition, considering the frequency with which tenants stressed they must look after problems themselves and have only themselves to blame for their troubles, they may not have felt comfortable “complaining” about aspects of support at Astrid House in front of other tenants. Some tenants also emphasized, “things had changed” at Astrid House, away from a time when there were regular tenant meetings and they participated in decision-making to a greater degree. It is possible tenants associated the idea of a focus group with a tenant meeting and, already feeling excluded from decision-making, did not trust the researcher’s intentions in hosting a focus group.

5.8 Reflections on Future Research

The data point to three areas requiring further research. These include: women in supported housing; IV drug use in supported housing; and meanings of support in supported housing for staff, managers, policy-makers and funders.

Women in supportive housing

In this study, I had hoped to explore possible differences between female and male tenant conceptions of support, support services and supported housing. However, given only two female tenants participated in this study, there is limited data from which to conduct a gender comparison. While there are limitations to the findings, themes did

emerge which speak to a need for further research with regard to women in supported housing.

For the two female tenants interviewed in this study, live-in relationships were linked directly to increased safety, security and independence – key themes for all tenants in defining support. These two female tenants both identified their male partners as playing an important role in ensuring their safety and security. For most of the six tenants, the housing project can, at times, be a frightening place. Having a live-in partner helps to control these tenants' fears and may help prevent possible violence. Policies that do not allow tenants to have a live-in partner appear to undermine the goal of supporting tenants in supported housing.

This area requires further examination. While both of the women included in this study emphasized the importance of a live-in partner, a sample of two is too small to determine whether this is a concern for women tenants more generally. Possible issues to explore include: why tenants are not allowed to have live-in partners; to what length do tenants go to maintain the impression they live alone; whether partners are “overlooked” by housing staff and management (and if so, why); as well as the impact of partners on tenants, staff and the housing project in general.

Finally, it is essential to consider the fact that the only tenants emphasizing a desire to have a live-in partner are *women*. Future research must consider the unique needs of women who had been chronically homeless, now living in supported housing. Many women who have been homeless have been victims of violence. Salomon, Bassuk and Huntington (2002) found that eight out of ten in a sample of 463 poor and homeless women in Worcester, Massachusetts had experienced some form of severe violence (p.

788). Wenzel and Kroegel (2000) found experiences of violence increase after 30 days on the street. A thorough examination of women, safety and relationships in supported housing is required.

IV drug use in supported housing

As previously noted, tenants emphasize a need for specific supports for IV drug users and did not make mention of any current support system specifically for this population. Since tenants' feelings of safety is impacted by IV drug use at Astrid House, it seems important to explore meanings of support for IV drug users. The effect of not providing supports for IV drug users will likely mean continued feelings of a lack of safety and security for all tenants. Therefore, research that explores various meanings of support for IV drug users could prove beneficial. Future research must pay special attention to the balance between providing support and attempting to control the behaviour of IV drug users. As the data from this research has revealed, support that results in tenants feeling controlled by staff, results in tenants not asking for or rejecting the very support they identify as potentially beneficial. It is important to ensure safe and private spaces for all people. Tenants, staff and management must consider how to support IV drug users in supported housing.

A greater understanding of meanings of support for IV drug users may also prove to increase tenant feelings of safety and security. For example, research into meanings of support for IV drug users could reveal a need for specific resources such as sharps containers (for safe disposal of needles) or increased security. In my work with IV drug users, I have often heard of tenants being threatened and intimidated by someone selling drugs until the tenant allows the person to sell drugs from their apartment. Research that

enhances an understanding and awareness of meanings of support for IV drug users could help ensure feelings of safety and security for all tenants.

Finally, future research might examine strategies for enhanced understanding of integrating IV drug users with those who do not use IV drugs. This research uncovered considerable tension and hostility toward IV drug users at Astrid House. Some tenants are former IV drug users and may find it personally difficult to be in close proximity to various drugs. However, the tension did not tend to focus on drug use itself and some tenants recognized the lack of support for IV drug users. Research examining strategies for integrating IV drug users with non-IV drug users, would help future supported housing projects maintain a safe, secure and supportive housing environment.

Meanings of support in supported housing for other key stakeholders

Research into meanings of support for other key stakeholders besides tenants, such as supported housing staff, management and funders, would prove useful as a point of comparison to tenant meanings of support. Such research could explore privileging of mainstream or medicalized support models versus models that privilege love ethic theories. In addition, as the need to develop support plans involves a shared understanding of support that meets the needs of tenants and the supported housing project itself, staff, management and funder meanings of support would help highlight commonalities and differences that must be addressed by all parties. Understanding the meanings of support for other key stakeholders would provide a basis from which staff and management training could be improved, as research would demonstrate where key stakeholders differ from tenants, and amongst each other, in their perception of support.

CHAPTER 6: CONCLUSIONS

Tenant participation in decision-making with regard to supported housing policy and practice is vital to satisfying tenant support needs. While including tenants in decision-making is not without its challenges, it is essential to ensuring the safety, security and independence of tenants. This concluding chapter outlines recommendations for supported housing policy and practice stemming from this study as well as offers final thoughts and conclusions. Recommendations for policy and practice are intended for supported housing tenants, staff, management, policy makers and funders in an effort to meet the goal of authentically including tenants in decision-making.

6.1 Recommendations for Policy

Based on the research data and analysis, the following six recommendations represent key changes necessary to ensuring tenant meanings of support are incorporated into supported housing policy:

1. As a guiding principle, staff and management must work from the standpoint that supporting tenants in supported housing is about helping tenants “*exercise control over whatever help is required in order to achieve chosen goals and objectives,*” rather than managing tenant behaviour or encouraging them to function unaided (Fine & Glendinning, 2005, p.610). Staff and management must recognize that relinquishing control over tenant behaviour is an ingredient of supporting tenants in supported housing.
2. Staff and management must *include tenants in the creation and implementation of housing policies*. Ideas for how to achieve this goal in practice should come from tenants. Potential ways to work with tenants in policy formation and

implementation include regular tenant meetings, notice boards, idea boxes and tenant representation at staff meetings.

3. In addition to tenant participation in the creation of housing project rules and policies, staff and management must help *ensure tenants are clear on what the rules and policies are*. This should also include *ensuring tenant clarity on why existing rules and policies are in place*. This might include making budgets, job descriptions and management meeting minutes available to tenants.
4. The *needs of female tenants must be considered in the creation and implementation of housing policies*. In particular, the data indicate a need to clarify rules around live-in partners and visitors.
5. The *needs of IV drug users must be considered in the creation and implementation of housing policies*. Providing housing for IV drug users is a critical component of individual and community harm reduction. While the data indicate tenants associate IV drug use with a lack of safety and security in the housing project, they also identify systemic issues and a lack of support for IV drug users as negatively impacting the housing project.
6. New policies must be created to help *ensure the safety and security of tenants*. The data indicate various ways this might be achieved including evening staff, new rules around visitors and phones in every tenant's room. As noted above, tenants must be involved in the creation and implementation of new rules and policies intended to increase tenant safety.

6.2 Recommendations for Practice

Based on the research data and analysis, the following six recommendations represent key changes necessary to ensuring tenant meanings of support are incorporated into supported housing practice:

1. Staff and management must *include tenants in decision-making around support practices*. Rather than staff offering support services they feel tenants would benefit from, staff and management must work to create open opportunities for tenants to ask for support they find most valuable. Open opportunities could include a schedule for tenants to sign up for one-on-one time with staff, posted staff schedules so that tenants are clear on who is working when, regular tenant meetings and idea boxes for tenants to suggest various supports deemed valuable.
2. Staff and management must *work to build supportive relationships* with all tenants based on encouragement and guidance; shared knowledge, feeling heard and participatory decision-making; and consistent, reliable, trustworthy and available relationships. The data demonstrate supportive relationships, as defined by tenants, help to increase tenant independence and control over their lives.
3. Staff must work with tenants to *create individual and housing community support plans and practices*. Tenant support plans and practices include short and long-term goals as well as identifying how staff and/or other community members might facilitate supporting tenants in achieving these goals. As tenants' lives change, so might their goals. Support plans and practices must reflect these changes and remain flexible.

4. To help ensure tenant clarity of rules and policies, tenants should receive an *information package* when they move in, outlining the housing project's rules and policies, the rationale behind them, as well as opportunities for participation in rule and policy development. Support staff should review the material with each tenant and answer questions that may arise.
5. Supported housing management must work to *hire and train staff with a commitment to tenant participation in decision-making, an understanding of harm reduction practices and support models based on caring, responsibility, respect and shared knowledge*. Tenants should participate in the hiring and training of staff.
6. Staff and management must *explore support practices that reflect the unique needs of women and IV drug users* in the supported housing project. Ways to do so might be hiring at least one female support staff and making certain the voices of women and IV drug users are heard at tenant and/or staff meetings.

6.3 Final Thoughts and Conclusions

Tenant participation in decision-making is essential to ensuring tenants ask for and accept support deemed valuable in supported housing. Participation in decision-making is important both as a process and to ensure tenant independence, control, safety and security. Whether tenants chose to participate in decision-making regarding support policies and practices, it is essential that there are consistent spaces for them to do so. The process in which tenants are invited to participate in decision-making will not be without its challenges. This study revealed a variety of tenant meanings of support and the practice of including tenant voices is sure to further uncover a diverse range of

support needs. However, if supported housing projects wish to ensure tenant independence, control, safety and security, including tenants in decision-making is essential.

Throughout the research process, I was constantly aware that I was privileged to be made aware of feelings, ideas and visions that were deeply personal to my participants. I chose to use critical and feminist methodology in an effort to give voice to my research participants and explore how to shift services to better meet their needs. However, the research process itself reinforced these goals as critical. While this thesis is a part of my graduate degree, the stories my participants have shared are about their homes, personal safety and hopes for the future. This process deepened my commitment to critical and feminist research as well as to the value of one-on-one interviews for both the participant and researcher. I also came away with sense of awe as to the strength and resilience of my research participants. Bearing much hardship and danger, the participants of my research continue to resist and hope for change for themselves and others. I intend to honour their voices by incorporating the lessons learned from this piece of research into my practice, throughout my career. They are an inspiration to me and I hope, to my readers.

As homelessness increases across Canada and deinstitutionalization continues to prioritize serving mental health service users from the community, the need for research exploring how best to support those diagnosed with mental illness becomes urgent. It is essential for future researchers to continue to ask those most affected how *they* define support in the place they live. Exploring and analyzing tenant meanings of support within supported housing proved an important venture as it underscores the link between

tenants' defining support, participating in decision-making and tenant feelings of independence, control, safety and security. The literature indicates there is a growing recognition of the value of research that highlights the voices of mental health service users. However, the literature also reveals a political environment that presents barriers to bringing tenant meanings of support into practice.

While the literature and data demonstrate tensions between mainstream, neoliberal models and support services employing principles of love ethic theory, it has also exposed important possibilities for contestation and resistance within supported housing. Tenants reveal internalized notions of individualization and personal responsibility; yet also express a desire for increased choice and to be free from external controls. Employing practices based on love ethic theory can challenge the ideas that tenants should look after problems themselves and are personally responsible for their troubles; supporting tenants to think about and work toward achieving their *own* goals. Secondly, while supported housing may currently include surveillance and attempts to control tenants' behaviour, the data demonstrates the space for support practices based on care, responsibility, respect and knowledge. The development of supportive relationships based on love ethic theory enhances tenant independence, control and safety. Finally, the literature exposes a neoliberal political environment involving cuts to services, a lack of private space, surveillance and street-based enforcement. However, harm reduction models, including "housing first" policies, share characteristics of love ethic theory by breaking through myths and working to understand people from where they are. Though supported housing projects exist within a neoliberal context, policies and practices based on love ethic theory help to ensure they are not determined by it.

While likely to face obstacles, the work of Rose and O'Malley et al. help maintain my belief that "progressive possibilities" are achievable (Rose, 1996, p. 19). Rose reminds me that by shifting mental health services to the community, new spaces have been created for engaging with, resisting and contesting bio-medical support practices. O'Malley et al. (1997) point me to the many individuals and organizations involved in the creation, development and maintenance of alternative practices. They tell us that social relations are heterogeneous, and politics are social relations and conditions that "facilitate contestation and make room for diversity" (p. 504). Creating space for tenants to participate in defining what support means in supported housing projects generates resistance, contestation and diversity. These spaces give hope for supported housing, for without *authentically* involving tenants in decision-making that impacts their lives, supported housing cannot truly be supportive.

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Appendix A

You are invited!

to participate in a study entitled
“Tenant Meanings of Support in Supported Housing”

How do you define ‘support?’

**When you applied for supported housing,
what did you think ‘support’ would look like?**

Melanie Hope is conducting a study examining tenant meanings of support. Melanie is a graduate student in the Studies in Policy & Practice program, within the Faculty of Human & Social Development at the University of Victoria.

If you are interested, you will participate in either a 1 - 1 ½ hour group discussion with three other tenants **OR** a 1 - 1 ½ hour one-on-one interview (your choice).

Each participant will be paid **\$20** for his or her time and contribution to this study. Interviews can take place in the location and day of your choice (including weekends) and bus tickets will be made available if you need them. Refreshments provided.

To sign up or for more information, please contact Melanie at:

382-3866

Appendix B

Open-ended Interview/Focus Group Questions

Original Impression of the 'supports' in supported housing

1. Why did you apply for supported housing?
2. When you applied, what kind of support were you expecting?
3. Did you think these supports were going to be helpful to you?
 - If yes, in what ways?
 - If no, why not?

Defining Support

1. What sorts of things do you find to be 'supportive'?
2. Have there been people in your life, past or present, who have been a support to you?
 - If yes, what did they do that you felt was supportive?
 - If no, have you imagined what a person could do that would feel supportive?
3. Have you been a support to others in your life?
 - If yes, what support did/do you give others?
 - If no, can you imagine what you might do to be a support to another person?

Current Impression of 'support' in supported housing

1. You mentioned that when you applied, you expected 'support' such as _____. Do you receive this type of support at [Astrid House]?
 - If yes, how has this worked out?
 - If no, how do you feel about this?

2. Do you receive any support that you didn't expect?
 - If yes: What other support do you get? Is this support helpful? Are there other kinds of support you would find helpful?
 - If no, are there other kinds of support you would find helpful?
3. Have you ever asked for support?
 - If yes, what support have you asked for? How has this worked out?
 - If no, why haven't you asked for support?
4. Have you been asked what support you need?
 - If yes, how did this work out?
 - If no, how do you feel about this?
5. Have you been a support to others at [Astrid House]?
 - If yes, how?
 - If no, why not?

Supports over time

1. Has the kind of 'support' that is offered at [Astrid House] changed since you moved in?
 - If so, in what way? Why do you think things have changed? What do you think about these changes?
2. In an ideal world, what would supported housing look like for you?

Appendix C

LETTER OF INVITATION AND INFORMED CONSENT

“Tenant Meanings of Support within Supported Housing Projects”

Dear _____,

Date: _____

You have been invited to participate in a study called “Tenant Meanings of Support within Supported Housing,” conducted by me, Melanie Hope. I am a graduate student in the Studies in Policy and Practice program in the faculty of Human and Social Development at the University of Victoria. You can contact me if you have any questions by calling (250) 382-3866. As a graduate student, I am required to conduct research as part of the requirements of a degree in Studies in Policy and Practice, Master of Arts. My supervisor is Dr. Kathy Teghtsoonian, Associate Professor in the Studies in Policy and Practice program. You may contact her at (250) 472-4431.

The purpose of this research project is to look at meanings of support from the perspective of tenants. I will also look at tenant perspectives of the supports you receive in supported housing and the input you have in determining these services.

I am gathering information from a group of tenants within [Astrid House]. I chose [Astrid House] because it [REDACTED]. [REDACTED]. You are being asked to participate in this study because you have important knowledge about meanings of support for tenants in supported housing.

Should you wish to participate in this study, you will be involved in a small group discussion of only men or women, or a one-on-one interview in the location of your choice. The group discussion and interviews may take about one and one-half to two hours, plus travel time if you prefer a location outside [Astrid House]. The interviews and group discussions will be tape-recorded and then I will type the entire discussion

onto my computer. All material will be kept secure, either locked in a safe box within my home office or on my home computer that is protected by a password.

There are potential benefits of participating. For many years, people who use mental health services have been denied the chance to share their opinions about the services they want and need. This research gives you an opportunity to think about your own meaning of 'support' and to consider the supports you are receiving at [Astrid House].

Participating in this study may cause some inconvenience, including the time you will spend during the interview or group discussion, and your transportation time (if you prefer a location outside your home). There is the potential of some emotional stress. If you wish to speak to someone about feelings that come up during interviews or group discussions, you may call me at 382-3866. In addition, you can call the NEED Crisis and Information Line at 386-6323 or the Citizens Counselling Centre at 384-9934. These are all no-cost services.

As a way to respect your contribution to my study, you will be given a \$20 honourarium in cash as well as two bus tickets should you prefer to conduct the interview outside your home. Your participation is completely voluntary. If you do participate, you can withdraw at any time without any explanation or consequences. If you decide to withdraw from the study, I will verbally ask for your permission to include the information you have shared. If you do not want me to use your information, it will not be included in my research. If you withdraw from the study during or after the group discussion or interview, you will still be able to keep your full honourarium.

As a past employee of [Astrid House] and a current employee of [West Coast Housing], I may have had a past relationship with you. To help prevent this past relationship from influencing your decision to participate, I again stress that your participation is completely voluntary. I will check with you to make sure that you are comfortable continuing to participate before, during and after the interview or focus group.

In my final thesis, your name and the housing project will be given false names. This is to make sure no one can connect what you have said to the information in the thesis. However, if you have chosen to participate in a group discussion, I need you to be aware that due to the nature of group discussions, your privacy cannot be fully protected. To help protect the privacy of everyone in the group discussion, I ask you to avoid sharing the content of the discussion with anyone outside the group. I will also make sure the data is kept secret by making sure it is secure. I will keep the original tape recording and typed copy of the discussion in a locked box in my home office. Only my thesis supervisor Dr. Kathy Teghtsoonian and I will have access to this information. I will dispose of the data from this study by erasing the tape recordings and shredding typed copies two years after the University of Victoria has accepted my thesis.

My thesis will be shared with all participants as well as with others who might be interested such as supported housing project staff, management and funders. The results may also be shared in a published paper or a presentation at school or community meetings. Again, neither your name nor [Astrid House]'s name will be included in the final thesis.

In addition to being able to contact my research supervisor, Dr. Kathy Teghtsoonian, or myself you can verify the ethical approval of this study, or raise any concerns with the Associate Vice-President, Research at the University of Victoria at (250) 472-4545.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered.

CONSENT FOR PARTICIPATION

Name of Participant

Signature

Date

A copy of this consent will be left with you, and the researcher will take a copy.